



KAMA'AINA GOLF & SKI TRAVEL, LLC
 1126 12th Avenue, Room 209 • Honolulu, Hawaii 96816
 Phone: 739-5777 • Fax: 737-7007
 TA #5725

TOUR MEMBER REGISTRATION FORM
 Please complete and mail to Kama'aina Golf & Ski Travel

Enclosed is my cash or check deposit of **\$100.00** per person to reserve space on:

TOUR: **Palm Springs Golf Tour** (April 4-10, 2010)

Full Name: _____ Frequent Flyer #: _____
 (Exactly as appears on Photo ID) (United Airlines)

Nickname: _____ (if any) Date of Birth: _____ (TSA Requirement)

Full Name: _____ Frequent Flyer #: _____
 (Exactly as appears on Photo ID) (United Airlines)

Nickname: _____ (if any) Date of Birth: _____ (TSA Requirement)

Mailing address: _____

City/State/Zip Code: _____

Phone Number: (Res. or Bus.) _____ (Mobile) _____

In case of any tour updates, may we send you the updates via email? Yes [] No []

Email Address: _____

Accommodations: Double [] Single [] **GHIN Handicap:** _____
 Smoking [] Non-smoking [] (if applicable)

Please Check: [] Will return with group
 [] Plan to deviate, or return later - *please notify us as soon as possible*
 [] Land Only (own airfare) - *please notify us of your flight schedule as soon as possible*

Travel Insurance: [] Yes, please send me some information and a brochure regarding travel insurance.
 [] No thank you. I am not interested in travel insurance.

In case of emergency while on trip, please notify: _____ Phone: _____

Please list any medical or other assistance required: _____

Special requests: _____

NOTE: All requests will be fulfilled to the best of our ability. **However, all requests are based upon availability and never guaranteed.**

*I/We the undersigned have read carefully and understand the **General Conditions & Terms** pertaining to the above stated tour and agree to all these conditions. All information will remain confidential.*

Name: _____ Signature: _____ Date: _____