



**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: **Victoria, BC Golf Tour (August 15-22, 2010)**

Name: \_\_\_\_\_ Frequent Flyer #: \_\_\_\_\_  
(As appears on Passport) (Air Canada or United Airlines)

Nickname: \_\_\_\_\_ (if any) Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Frequent Flyer #: \_\_\_\_\_  
(As appears on Passport) (Air Canada or United Airlines)

Nickname: \_\_\_\_\_ (if any) Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_