



71 Banyan Drive
 Hilo, HI 96720
 808-935-9361/808-961-9642
 www.castleresorts.com

HILO HAWAIIAN
HOTEL

Advance Reservations Form

Client/Organization _____
73rd Annual HFNA/HFSA Shinnekai

Time Frame _____
 Checkin Date: Fri 01/19/2024
 Checkout Date: Sun 01/21/2024
 Release Date: Call for Availability
 Group Code: H24089

BANYAN VIEW: \$169.00 PLUS TAX, PER NIGHT
DELUXE OCEAN VIEW: \$189.00 PLUS TAX, PER NIGHT
PREMIUM OCEAN FRONT: \$199.00 PLUS TAX, PER NIGHT

ROOM COMMITMENTS

TERMS AND CONDITIONS

Guest Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival date: _____ Time: _____ Departure date: _____

Please indicate number of people in room: _____

BANYAN VIEW: _____ Bedding: 1 King or 2 Doubles / Maximum People: 4

OCEAN FRONT: _____ Bedding: 1 King or 2 Queens / Maximum People: 4

PREMIUM OCEAN FRONT: _____ Bedding: 1 King or 2 Queens / Maximum People: 4

*Rates are net, non-commissionable.

*Cancellation Policy: 4 days cancel notice is required for a refund.

*Roll away: Please add \$30.00 plus tax, per day. Roll-away(s) needed: _____

*Resort Fee: Waived

*All rates subject to Hawaii State GE and Transient taxes. Taxes subject to change without notice.

Current 2023 taxes: Hawaii State GE Tax 4.7120%, Hawaii State TAT 10.25%, Hawaii County HCTAT 3.0%

To confirm your reservation, please call (808) 935-9361 OR send this completed form to the following:

Fax: (808) 961-9642

Mail: Hilo Hawaiian Hotel, 71 Banyan Drive, Hilo Hawaii 96720

A 1 nights' deposit of room and tax is required to confirm each reservation. If you prefer to utilize a credit card, please complete the following. To avoid credit card fraud, please present this credit card along with your ID upon check -in.

Type of credit card: _____ Number: _____

Full name on credit card: _____ Exp. Date: _____

Signature on credit card: _____

**Request for rooms must be received by the release date noted above or be subject to rate and space availability.