



"AN OCEAN FRONT LANDMARK IN THE HEART OF KAILUA-KONA!"®

**PAY DIRECT
ROOM RESERVATION REQUEST**

Group Name: **PLUM HALL, INC.** **WG 21 (or) WG 14**

Name of Guest: _____

Home Telephone: _____ **Business Telephone:** _____

Email Address: _____ **Fax Number:** _____

Mailing Address: _____

Total # of people in room: **Adults** _____ **Arrival Date:** _____
Children (> 18 years) _____ **Departure Date:** _____

Credit Card Information: # _____ **Expires:** _____ / _____

Cardholder Name: _____

Signature: _____

Billing Address: _____

<u>ROOM CATEGORY/RATE INFORMATION:</u> (Please choose one)			<u>WG 21</u>	(or)	<u>WG 14</u>
_____	\$149.00	Garden Mountain	_____		_____
_____	\$169.00	Ocean View	_____		_____
_____	\$199.00	Ocean Front	_____		_____

All rates are in US Dollars. Rates are for single or double occupancy and subject to 4.166% Hawaii Excise Tax plus 7.25% Hawaii Hotel Taxes (subject to change). There is no charge for children 17 years or younger when sharing with parent (s). The maximum number of adults allowed per room is four (4). An additional charge of \$35.00 per night plus taxes will be applied for each additional adult.

Reservations received after August 31, 2007, or after the rooms reserved for this group have been sold, are subject to availability.

Your reservations request must be accompanied by a check or money order for a two (2) night room & tax deposit. Please do not send cash. Make your check payable to the **ROYAL KONA RESORT**. Credit card deposits are also accepted. Your credit card will be charged for your advance deposit. All advance deposits will be credited to the individual room folio account upon check-in. Please note that credit cards will be charged for late cancellation fees and no-shows, if applicable.

CANCELLATION POLICY

Cancellations that are received within 72 hours will be charged for all nights reserved. Individuals with guaranteed reservations that fail to arrive on the confirmed date will be charged for the entire stay. Late arrivals and early departures will be charged for the unused nights at the Group rate.

CHECK IN TIME: 3:00PM/CHECK OUT TIME: 12NOON

FLIGHT INFORMATION:

Arrival Flight/Date/Time: _____

Departure Flight/Date/Time: _____

PLEASE RETURN FORM WITH DEPOSIT TO:

Royal Kona Resort - Group Reservations
75-5852 Alii Drive
Kailua-Kona, Hawaii 96740

Ph: 808-329-3111

Fax: 808-329-9532