

**Castle Hokele Suite Waikiki**  
**HOTEL RESERVATION FORM**  
(One Form Per Room)

412 Lewers Street • Honolulu, HI 96815 • Phone: 808-923-8882

Please submit this reservation form no later than **March 14, 2012** to confirm your reservation.

**“CHARM 2012”**

**Hotel Room Block Dates: May 13, 2012 – May 19, 2012**

Name(s):		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Arrival Date:	Est. Time of Arrival:	Departure Date:
Number of Adults:	Number of Children:	Ages of Children:
Special Requests:		

Rooms can accommodate the number of persons shown in the parenthesis with existing beds.

\_\_\_ Room Rate: **\$89.00 / Room Type: Studio City View (4)**

\_\_\_ Room Rate: **\$115.00 / Room Type: One Bedroom Standard (4)**

Bedding: 2 Double Beds in Studio City View Unit

1 Queen and Sofa Bed in One Bedroom Standard

Check if required:  Rollaway Bed @ \$25/day

(Note: Rate is based on 1-4 per room.) The hotel is a smoking and non-smoking facility. Rates are subject to 13.962% taxes.

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**Guarantee/Deposit Policy:** To confirm and guarantee your reservation, please mail a check or money order payable to the **Hokele Suites Waikiki** in US funds in the amount of a one night's payment along with this completed Reservations Form to: **Castle Resorts & Hotels, Group Reservations, 3 Waterfront Plaza, 500 Ala Moana Blvd. # 555, Honolulu, Hawaii 96813**. This reservation form can also be faxed to **(808) 545-2163**, or emailed to the Group Coordinator: [clou@castleresorts.com](mailto:clou@castleresorts.com). Deposits can also be made by credit card. Acceptable credit cards: VI, MC, AMEX, DINERS, DISCOVER, JCB.

Type of Card:	Card Number:	Exp. Date:
cardholder Name:		Signature:

**Cancellation Policy:** A one night's charge will be assessed for any cancellations received within 14 days prior to arrival. Please contact our group department at (800) 367-5004, (808) 524-9225/9233 should you have any questions or require additional information.