

Kahala Employee Referral Travel Pass Form

Presentation of this form authorizes the below-named individual to receive the rates made available exclusively to Kahala Employees Referrals based on availability at The Kahala Hotel and Resort. One form must be filled out per room per stay. Completed forms can be sent to reservations via interoffice mail or emailed to reservations@kahalaresort.com. ****Rates Subject to Change****

[] Employee Referral Rate (20% off of Best Available Rate)

(Employee Name)	(Name of Guest)
(Department)	(Requested Dates of Stay)
(Employee Phone Number)	(Guest Phone Number)
(Employee Email)	(Guest Email Number)

The Terms and Conditions of Rates made available to Kahala Employees Referral Rate are as follows:

- This original Request Form must be presented and surrendered at the front desk at the time of check-in and may not be used by anyone other than the named individuals.
- Photo Identification matching the named individuals are required at the time of check-in.
- The rates made available to Kahala Referrals will include a daily donation to the Kahala Initiative of Sustainability Culture and Arts (KISCA) of \$8.38 per day. The Kahala Hotel & Resort is deeply committed to preserving Oahu's land, ocean and culture for generations to come.
- When approved we will call and send a booking link to your guest to complete the booking online.
- Maximum Occupancy is 2 Adults 2 children per room

By signing this Rate Request Form, I understand that the reservation is not confirmed until formally approved below. I understand that the use of rates made available to Kahala Referrals is a privilege. Appropriate conduct and professionalism of everyone in the party is expected while utilizing these rates. Any falsification of this form or inappropriate conduct or behavior during your stay may result in a loss of stay privileges and/or disciplinary action, up to and including termination of employment.

(Employee Signature)	(Date Signed)
(Dept. Manager Signature)	(Date Signed)
(DORM Signature)	(Approve) (Deny) (Date Signed)