

Attn: Jack's Tour Planning Dept.
Fax: (808) 969-7681

Jack's Hawaii, Inc. Quote Request

School Name: _____ Grade Level: _____

Contact Person: _____ Position: _____

Contact Numbers: Tel: _____ Cellular: _____
Fax: _____ E-Mail: _____

Desired Travel Dates: _____

Estimated Passenger Counts: _____ (_____ students; _____ chaperones/teachers)

Budget (if any): \$ _____

Package A-1 _____ Package B-1: _____ Custom: _____
Package A-2 _____ Package B-2: _____ (Please complete form below)
Package A-3 _____ Package B-3: _____

Please note that unless otherwise specified, we will include the cost for airfare, hotel, meals and admissions in your quote.

AIRLINE INFORMATION (Please complete for Packages & Custom Tours):

Original Departure Location (please circle) HNL OGG LIH MKK LNY
Destination Location (please circle) ITO KOA
Return Departure Location (please circle) ITO KOA

Comments: _____

HOTEL:

1st Night: _____ Occupancy: 4 per room Please check
2nd Night: _____ 3 per room
3rd Night: _____ 2 per room
Special Requests: _____

TOUR DESTINATIONS:

1 _____ 7 _____
2 _____ 8 _____
3 _____ 9 _____
4 _____ 10 _____
5 _____ 11 _____
6 _____ 12 _____

Special Requests: _____

MEALS (Plated meals will be quoted for breakfast & dinner unless buffet style is requested):

DAY 1: Breakfast? _____ Lunch? _____ Dinner? _____
DAY 2: Breakfast? _____ Lunch? _____ Dinner? _____
DAY 3: Breakfast? _____ Lunch? _____ Dinner? _____
DAY 4: Breakfast? _____ Lunch? _____ Dinner? _____

Comments: _____

Food Allergies: _____

Additional Comments: _____

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