

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	LNK
Destination Location (please circle)	ITO	KOA			
Return Departure Location (please circle)	ITO	KOA			

Comments: \_\_\_\_\_

**HOTEL:**

*Please check*

1st Night: _____	Occupancy: 4 per room	<input type="checkbox"/>
2nd Night: _____	3 per room	<input type="checkbox"/>
3rd Night: _____	2 per room	<input type="checkbox"/>

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):*

<b>DAY 1:</b>	Breakfast? _____	Lunch? _____	Dinner? _____
<b>DAY 2:</b>	Breakfast? _____	Lunch? _____	Dinner? _____
<b>DAY 3:</b>	Breakfast? _____	Lunch? _____	Dinner? _____
<b>DAY 4:</b>	Breakfast? _____	Lunch? _____	Dinner? _____

Comments: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_