

Kahala Employee Rate and Family Rate Request Form

Presentation of this form authorizes the below-named individual to receive the rates made available exclusively to Kahala employees and their immediate families based on availability at The Kahala Hotel and Resort. One form must be filled out per room per stay.

- Employee Rate (2EMP, \$190)
- Employee Spouse or Domestic Partner (2VFR, \$275)
- Employee Parent or Domestic Partner Parent or Parent in Law (2VFR, \$275)
- Employee Brother or Sister (2VFR, \$275)
- Employee Child (2VFR, \$275)

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

The Terms and Conditions of Rates made available to Kahala Employees and their Families and Associates 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 Employees and their Families will include the Kahala Initiative of Sustainability Culture and Arts (KISCA) of \$10.47 per day. The Kahala Hotel & Resort is deeply committed to preserving Oahu's land, ocean and culture for generations to come.
- Employee and Family Rates are subject to 2 night maximum stays. 2 rooms per stay are allowed per employee under these rates terms.
- When approved we will call the guest to confirm the reservation.
- 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 Employees and their immediate Families 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)