



71 Banyan Drive  
 Hilo, HI 96720  
 808-935-9361/808-961-9642  
 www.castleresorts.com

**HILO HAWAIIAN**  
HOTEL

**Advance Reservations Form**

Client/Organization \_\_\_\_\_  
**Hilo High School-Class Of '68**

Time Frame \_\_\_\_\_  
 Checkin Date: Fri 10/03/2025  
 Checkout Date: Sun 10/05/2025  
 Release Date: Wed 09/03/2025  
 Group Code: H25178

*BANYAN VIEW ROOM: \$159.00 PLUS TAX, PER NIGHT*  
*OCEAN FRONT ROOM: \$179.00 PLUS TAX, PER NIGHT*  
*PREMIUM OCEAN FRONT ROOM: \$189.00 PLUS TAX, PER NIGHT*

**ROOM COMMITMENTS**

**TERMS AND CONDITIONS**

H25178

Guest Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure date: \_\_\_\_\_

Please indicate number of people in room: \_\_\_\_\_

BANYAN VIEW: \_\_\_\_\_ Bedding: 1 King or 2 Doubles / Maximum People: 4

OCEAN FRONT: \_\_\_\_\_ Bedding: 1 King or 2 Queens / Maximum People: 4

PREMIUM OCEAN FRONT: \_\_\_\_\_ Bedding: 1 King or 2 Queens / Maximum People: 4

\*Rates are net, non-commissionable.

\*Cancellation Policy: 4 days cancel notice is required for a refund.

\*Roll away: Please add \$30.00 plus tax, per day. Roll-away(s) needed: \_\_\_\_\_

\*Resort Fee: Waived

\*All rates subject to Hawaii State GE and Transient taxes. Taxes subject to change without notice.

Current taxes: Hawaii State GE Tax 4.7120%, Hawaii State TAT 10.25%, Hawaii County HCTAT 3.0%

To confirm your reservation, please call (808) 969-6463. Reservations Department Hours: Mondays-Fridays 8:00am-4:00pm, Saturdays & Sundays 8:00am-2:00pm Hawaii time. OR send this completed form to the following:

Fax: (808) 969-6472

Mail: Hilo Hawaiian Hotel-Reservations, 71 Banyan Drive, Hilo Hawaii 96720

A 1 nights' deposit of room and tax is required to confirm each reservation. If you prefer to utilize a credit card, please complete the following. To avoid credit card fraud, please present this credit card along with your ID upon check-in.

Type of credit card: \_\_\_\_\_ Number: \_\_\_\_\_

Full name on credit card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature on credit card: \_\_\_\_\_

\*\*Request for rooms must be received by the release date noted above or be subject to rate and space availability.