

Hale Kimo on Sunset Beach -Rental Agreement '07

Name _____
 Address _____
 City _____ St/Pr _____
 Zip/Postal _____ Country _____

Home # (____) _____
 Work # (____) _____
 Cell # (____) _____
 Fax # (____) _____
 Alt Contact _____

E-Mail _____ **alt E-Mail** _____

We exchange important information related to your vacation using e-mail. Please provide and print clearly.

	Date	Time	Check-in/out	Airline	Flight #
Arrival	_____	_____	3:00 pm	_____	_____
Departure	_____	_____	10:00 am	_____	_____

Please provide the names of each guest staying overnight. Include minor children and their ages.

Lower			Upper		
1	_____	6	1	_____	6
2	_____	7	2	_____	7
3	_____	8	3	_____	8
4	_____	9	4	_____	9
5	_____	10	5	_____	10

Refundable security deposit based on # of homes selected		Check # _____	\$ _____	note 1
	# of Guests	# of Nights	Rate	Amount
Rental Fee – Regular Season	_____	_____	x \$ _____	= \$ _____
Rental Fee – Seasonal	_____	_____	x \$ _____	= \$ _____
Additional Overnight Guests	_____	x _____	x \$ 25	= \$ _____
			Subtotal:	\$ _____
Rental Season: Regular [<input type="checkbox"/>] Summer [<input type="checkbox"/>] Christmas [<input type="checkbox"/>]			Taxes 11.962%:	\$ _____
Home Preference: Lower [<input type="checkbox"/>] Upper [<input type="checkbox"/>] Both [<input type="checkbox"/>]				
Cleaning Fee per Unit is: \$225 tax incl.	# of Units: _____	x	\$ 225	= \$ _____
			Total:	\$ _____ note 2

Rates valid thru 31Dec07	Per Home	# Guest Included	Max # Allowed	Entire Duplex	# Guest Included	Max # Allowed	Add'l Guest	Min # Nights
Regular	\$ 525	6	10	\$ 1,050	12	20	\$ 25	4
Summer 01Jun – 31Aug	\$ 575	6	10	\$ 1,150	12	20	\$ 25	4
Christmas 18Dec – 07Jan	\$ 625	6	10	\$ 1,250	12	20	\$ 25	10
Cleaning	\$225			\$ 450				
Security Deposit	\$500			\$ 1,000				

1. Receipt of deposit is required to reserve the calendar dates you requested. It confirms booking.
2. Full payment is due 30 days in advance of your arrival date. If the agreement is canceled 60 days or less from the arrival date the security deposit is forfeited as a fee to re-rent. If cancelled after receipt of the full payment any refund shall be based upon those nights actually rented during the dates of this reservation. Any other adjustments to this agreement must be completed prior to full payment.
3. By signing below I also accept the terms and conditions stated in the Hale Kimo Guidelines.

Signed: _____ Date: _____
 (Guest)

Mail signed Rental Agreement w/ your deposit to:

Hale Kimo Ohana
 139 Ohana street
 Kailua, Hawaii 96734
 Ph: 808 358-5786 / Fax: 808 262-8080
 E-Mail: halekimo@gmail.com