

# MAKANA CREST RENTAL

Address: 6336 Makana Road, Kapa'a, HI 96746  
Mailing Address: P. O. Box 3671, Lihue, HI 96766  
Phone: (808) 245 6500; Fax: (808) 823-8488  
e-mail: mokihana@hawaiian.net

## Registration Information

NAME: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_ Check in time: 3.00pm  
NAME: \_\_\_\_\_ FLIGHT TIME: \_\_\_\_\_  
NAME: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ FLIGHT TIME: \_\_\_\_\_ Check out time: 11.00 am  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
CELL \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Children: Names & Ages: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NIGHTS: \_\_\_\_\_ @\$ \_\_\_\_\_ = \_\_\_\_\_  
WEEKLY @ \_\_\_\_\_ @\$ \_\_\_\_\_ = \_\_\_\_\_  
RENT AMOUNT \_\_\_\_\_ = \_\_\_\_\_  
HOTEL TAXES [ \_\_\_\_\_ %] \_\_\_\_\_ = \_\_\_\_\_  
TOTAL AMOUNT DUE \_\_\_\_\_ = \_\_\_\_\_  
LESS DEPOSIT \_\_\_\_\_ = \_\_\_\_\_  
BAL. DUE UPON ARRIVAL = \$ \_\_\_\_\_

### PAYMENT METHOD

MasterCard Visa DiscoverCard American Express

Account # \_\_\_\_\_

Wxp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**NONREFUNDABLE 50% deposit due upon booking; Deposit is 50% of the total rent. You may pay by visa, master, cared, discover; travelers checks or cash. Minimum stay is three (3) nights. Please make checks payable to Hans or Karen Hellriegel**

IN THE EVENT THAT MAKANA CREST PROVIDES USE OF PERSONAL BEACH AND WATER EQUIPMENT, THE RENTERS AGREE TO HOLD MAKANA CREST AND HANS & KAREN HELLRIEGEL, HARMLESS FROM ANY AND ALL LIABILITY AS TO THE EQUIPMENT'S CONDITION AND GUEST USE OF THIS EQUIPMENT. THE OCEAN CAN BE DANGEROUS EVEN FOR EXPERIENCED SWIMMERS.

THE RENTERS ALSO AGREE TO HOLD MAKANA CREST AND HANS AND KAREN HELLRIEGEL, HARMLESS FROM ANY AND ALL LIABILITY FOR THE LOSS OF ANY AND ALL VALUABLES KEPT OR STORED IN THE GUEST UNIT. THERE IS A SAFE IN THE UNIT.

ACKNOWLEDGED BY RENTER **X** \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_