

STUDENT/YOUTH/SPORT GROUP SECURITY POLICY
Lynbrook High School Track Team
OHANA Waikiki West Hotel – September 17 – 20, 2009

We are delighted that you have chosen OHANA Hotels & Resorts for your group and we are looking forward to welcoming all participants to our beautiful Islands of Hawaii!

HOTEL POLICIES as pertains to STUDENT / YOUTH / SPORTS GROUP Bookings:

- The group must include at least ONE (1) Adult Chaperone/Tour Leader, of Minimum Age 21 Years, for each TEN (10) Student Group Members.
- The Adult Chaperone/Tour Leader must stay in the same Hotel with Group Members throughout the entire stay
- The Adult Chaperone/Tour Leader will be designated to be responsible to ensure acceptable behavior of each group member
- The Adult Chaperone/Tour Leader must be in possession of EMERGENCY CONTACT INFORMATION for each group member – ie: name(s) of emergency contact person with phone/fax or other pertinent contact information
- The Adult Chaperone/Tour Leader is to be prepared to conduct business transactions with Hotel Management on behalf of the organization and/or travel agency.

Hotel Conduct Policies are for the safety and well being of all guests. Violations of these policies may result with group members being evicted from the hotel. If a group member is evicted due to unacceptable behavior, it will be the responsibility of the Adult Chaperone/Tour Leader to arrange alternate accommodation. OHANA Hotels & Resorts will not be responsible to provide for or assist in securing alternate accommodation for any persons evicted from the Hotel.

LETTER OF RESPONSIBILITY

On behalf of Lynbrook High School Track Team, I have the authority to and will assume full responsibility and liability for all our group members staying at the OHANA Waikiki West Hotel for the dates indicated above.

A COPY OF YOUR CREDIT CARD WILL BE TAKEN AT THE FRONT DESK ON ARRIVAL:

Credit Card Type & Number: _____

Credit Card Expiration Date: _____ Credit Card Verification Number (CCV/CID): _____

Name exactly as printed on Credit Card: _____

Credit Card Statement Billing Address: _____

Signature of the Authorized Credit Card Holder whose name appears embossed on the Credit Card:

Reviewed & Accepted By:

Group Representative Name (please print)

Signature

Title

Date