



Travel Services
Brigham Young University–Hawaii
<https://travel.byuh.edu/>

Hotel Intake Form*

First: _____ Middle: _____ Last: _____

Date of Birth: DD (i.e., 22) _____ MMM (i.e., APR) _____ YYYY _____

Cell Phone Number: _____ - _____ - _____ Email Address: _____

Booking Details

Hotel Location: _____ Number of Nights: _____

Check-in Date: _____ Check-out Date: _____

Room Type: _____ Number of Guests: Adults: _____ Children: _____

Comments

Signature and Confirmation

I have reviewed and confirm that the information provided is accurate and complete.

Signature

Date