



KAWAIAHA'O CHURCH

957 Punchbowl Street
 Honolulu, HI 96813
 Office: 522-1333 - Fax: 522-1341

FACILITY USE APPLICATION

Day Of The Week: _____ Month: _____ Date Of Use: _____ Year: 2011

From: _____ To: _____

Event Will Begin: _____ and end: _____ (no later than 9:00 pm)

Organization: _____

Purpose: _____ Total Participants: _____

Is this a fund raiser of any sort? Yes No

Contact Person: _____ Title: _____

Day Phone: _____ Night Phone: _____ Fax: _____

Address: _____ City: _____ State: HI Zip: _____

Email: _____

Please Check

<input type="checkbox"/>	Sanctuary (1500 capacity) (at the discretion of the Kahu) <i>Additional paperwork required</i>	\$100.00/hour
<input type="checkbox"/>	Bernice Pauahi Conference Room (18 seating capacity)	\$ 50.00/hour
<input type="checkbox"/>	Elizabeth Kaahumanu Conference Room (20 seating capacity)	\$ 50.00/hour
<input type="checkbox"/>	Louise Tolles Performing Arts Center aka Choir Room (60 seating capacity) <i>at the discretion of Music Director</i>	\$ 50.00/hour
<input type="checkbox"/>	Front Lawn	\$ 50.00/hour
<input type="checkbox"/>	Parking Requested # stalls	
<input type="checkbox"/>	Minister	\$250.00
<input type="checkbox"/>	Organist	\$200.00
<input type="checkbox"/>	Sound System – contact Swan Ventures at 255-3651	\$200.00
<input type="checkbox"/>	Other	\$

SUB TOTAL

NON - REFUNDABLE DEPOSIT \$ _____

Due Amount Due: \$ _____
Date: _____

INSTRUCTIONS:

- Parking-
- Sound -

POLICY: Non Church Activities - Every effort shall be made to accommodate requests on an as received priority basis, however, all non church related requests are subject to cancellation or rescheduling, as church activities always have precedence over all others.

CANCELLATION POLICY:

Full payment not received by the due date results in cancellation of the function. 50% of the fee will be refunded for cancellations made 14 days prior to the scheduled function date.

I certify that I have read the Policy Rules and Regulations governing Kawaiaha`o Church Facilities and understand the terms and conditions of this requisition. I accept complete responsibility and will not hold Kawaiaha`o Church and Church Staff responsible for any personal injuries, damage hospitalization and or medical costs etc, that may arise. I take full responsibility for any damage to church property caused by those attending this function.

Signature of Applicant

Date

Approved: _____ Disapproved: _____ Reasons: _____

Kahu / Church Administrator

Date

Remarks:

