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Waikiki Aquarium Facility Rental Application

DUE DATE: _____

Function Date: _____

Name: _____ Phone: _____ Type of Function: _____

Address: _____ Event Time: 5:15 PM ~ 10:30 PM
in out

Email: _____ *Alternate Contact Name: _____ Phone: _____
*I authorize this person to act as my agent for matters relating to this function.

Renter's Social Security Number (required): _____

Payments

1) Facility Rental Deposit: \$ _____
Check payable to: **"University of Hawaii"**

OR

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	Name: _____
Card #: _____	Exp: _____	Signature: _____

2) Friends of the Waikiki Aquarium Membership Fee: \$ _____
Checks payable to: **"Friends of the Waikiki Aquarium"**
(Please complete Membership Application Form.)

Arrangements

Adults _____ + # Children (under 5 yrs) _____ = Head Count _____

*Waikiki Aquarium management will determine the number of staff required to be on duty and assess additional staff charges if head count exceeds 200 and/or alcohol service is planned.

Caterer: _____ *Alcohol Service: **Y / N** (Please Circle) Provided by: _____
*Beer & wine may be served only if prior approval is received.

Equipment Rental: # tables: _____ source: _____ sound system: **Y / N** source: _____
chairs: _____ source: _____ # audio wands: _____
other rentals _____ canopy / tent size: _____

I, the undersigned, understand the Waikiki Aquarium reserves the right to cancel this facility rental agreement due to circumstances beyond their control. I agree to honor the rules of the Waikiki Aquarium and will ensure that my guests abide by them. I will report to the staff members on duty upon arrival for set-up information and before leaving for facility inspection. I am aware that if I or my guests do not follow the rules and regulations, the Waikiki Aquarium reserves the right to cancel this function.

Signature of renter: _____ Date: _____

Office Use Only

Prepared by: _____ Director's Approval: _____

Site Visit Date/Time: _____ Staff Assigned: _____