Puna Hongwanji Mission P.O. Box 100 Keaau, Hawaii 96749 Requested Date:\_\_\_\_\_ Date of Inquiry:\_\_\_\_\_ Taken By:\_\_\_\_\_

## **Application for Use of Church Facilities**

1. Individual/Organization (Print):		2. Fed ID. #		
3. Category:1: Community2:				
4. Name of Applicant (Print):				
5. Mailing Address:		Phone Numbers:		
		Email Address:		
6. The use of: Hall Conference	Room i	s hereby requested as foll	ows:	
a. Date of use:		From: T	0:	
b. Day before:		From: T	0:	
7. Type of Function:		8. Appro2	x # People:	
9. START TIME:		10. END TIME:		
11. Use of PA System YES NO	12. Consum	ption of Alcohol: YES_	NO	
<ul> <li>13. Rental Fee's:</li> <li>a. Hall</li> <li>b. Conference Roo</li> <li>c. Day Before</li> <li>d. Early Opening</li> <li>e. PA System</li> <li>TOTAL:</li> </ul> I have received the Application Form ar GUIDELINES FOR FACILITIES USE Rules or Guidelines may result in the fo Organization:	\$ \$ \$ d read and agree t of the Puna Hongy rfeiture of the Secu	vanji Mission. I unders urity Deposit.		
Title: Signature:			Date:	
14. <u>\$</u> Received By:			Date:	
Deposit () Cash () Check No.	Receipt #	Date:		
Refunded Amount:	Check #:	Date:		
Comments:				
15. <u>\$</u> Received By:			Date:	
Fee () Cash () Check No.				
16. APPROVED BY:			Date:	

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