

T	Administrative Services
÷.,	808.734.9543 (P)-808.734.9162(F)

EXTERNAL Req	uest for Use of l	Kapiolani Co	mmunity Coll	ege Facilities. Bu	ildings or Grounds
<u>Must be submitted AT LE.</u>	<u>AST TEN (10) BUS</u>	SINESS DAYS	PRIOR to Reque	<u>st**</u>	
When submitting this form to the Offic					
Date Request Submitted: (n	Is this a University of Hawai'i program or activity? Yes No				
		If this request to use facilities is approved, users external to the University of Hawai'i System are required to: 1) Complete a Facilities Use Agreement (UH EP 8.200)			
Name of Organization (US	SER):				
Address:		2) Users external to the State of Hawai'i, Government must attach a copy of their liability			
		insuranc	e policy reflecting I	KapCC and/or Universi	ty of Hawai'i as additional insured.
Organization's Contact p	person:			Business Phone:	Cell Phone:
Email Address:					
KCC Contact person:				Business Phone:	Cell Phone:
Email Address:					
Facilities being requested:			Room Use Time	Event Time	
Day/ Date:	Building(s)	/ Room(s)	(Start/ End):	(Start/ End):	Charges (To be completed by College)
				Sub Total:	
				Sub Total:	
Other:					
				Total:	
Purpose of Event:				No. of	Expected Attendance:
					Y N
Samiaa raguaati			will the	re be Admission Ch	arges: Yes No
Service request:	Augulian Comico				
Does this event require	-		i setup, prep, mo	bying or other service	ces? Yes No
If Yes, please include the follo	•	•			
Attach the Work Request fo	•				
Attach a detailed Diagram of	f the setup, including	specific location a	and layout of resour	ces. Attached	
Please note:					
• • •	•	ng extensive p	planning and eve	ent preparation, this	request should be submitted 12
weeks in advan	ce of the event.				
<ul> <li>Event resource</li> </ul>	s, such as tables	, chairs and otl	her equipment a	re limited and not g	uaranteed
Air Conditionin	ig may NOT be av	ailable for you	r event		
Make check payable to	o: Kapi'olani Cor	nmunity Collec	ge		
Send check to: Kapi'o					
Åttn:	Business Office	U			
4303 Diamond	Head Road, Hon	olulu. HI 9681	6		
Payment must be receive					
Total Charges:		yo <u>r nion</u> to in			
	e review the "Use o	of College Facili	ities" on the rever	se side of this form	Initial and sign where appropriate.
Print Name:			itle:		Date:
Signature:	'			25.0.	
Reviewed by:					
	I for the fellowing				Approval Cignature
Facilities Request Denied	a for the following	reason (S):			Approval Signature: Date:

## **USE OF COLLEGE FACILITIES**

\*Please initial where indicated\*

DEFINITIONS: As used herein for this agreement, "USER" means any organization making the request regardless of affiliation to the University of Hawai'i.

Premises shall be returned to the University upon expiration of the terms in good repair, order, and clean condition, reasonable wear and tear expected. No alterations may be made without the expressed approval of the University. In the event the facilities are not returned in the same condition, the lessee will be charged for cleaning fees or damages (beyond regular and expected wear). User initials:\_\_\_\_\_

USERS who are not affiliated with the college and/or the University must clearly indicate in all promotional material that the program or activity is neither sponsored nor endorsed by the University of Hawaii. Furthermore, such users shall operate the program or activity on a not-for-profit basis. User initials:

USER shall abide by UH Board of Regents Policy E10.201 and Section 20, Chapter 13 "Use of University-Owned Facilities" as well as all laws that govern the United States of America and the State of Hawai"i.

The USER will take full responsibility for all of the following: User initials:\_

- 1) Making arrangements for any special preparation of facilities;
- 2) Restoring furniture and equipment as originally arranged;
- 3) Cleaning up all areas affected and disposing trash in outside dumpsters;
- 4) Preventing use of intoxicants on the premises;
- 5) Observing of "No Smoking" ban where indicated;
- 6) Preventing games of chance on the premises;
- 7) Maintaining law and order;
- 8) Turning off equipment and lights in rooms, hallways, and restrooms before leaving;
- 9) Ensuring that persons attending this function will park only in authorized parking areas.

USERS are advised that air conditioning may not be available for your event.

## The College reserves the right to move your event to a similar facility in order to meet its primary mission of higher education.

It is not permissible to bring food or drink into any of the classrooms unless specifically approved by Kapi'olani Community College.

I have read, understand, and agree to the above conditions.

Signature of Person Assuming Responsibility

Authorized Position

Printed Name of Person Assuming Responsibility

When submitting this form to the Office of the VCAS, please print this on one sheet of paper, double-sided.

Date