

CAMPUS CENTER COMPLEX RESERVATIONS & ARRANGEMENTS

University of Hawai'i

Control No. _____

Sponsoring Group _____ Name of person in Charge _____

Address of Person in Charge _____ Telephone: Residence _____ Business _____

Give a Brief But Specific Description of Event:: _____

Check Box Which Describes Your Group:

- () B.O.R. Chartered Organization
 () University Registered Organization
 () Registered Student, Manoa Campus
- () University
 () Alumni, Manoa
 () Other

Will the event be open to:

- (a) by invitation only Yes() No()
 (b) your membership only Yes() No()
 (c) the student body Yes() No()
 (d) the general public Yes() No()

Dates	Open Doors (Time)	Close Doors	Event Hours From To	Estimated Attend.	Space Desired	Space assigned (For Office Use)	Assigned by:

NOTE: Scheduling will be conducted on a first come, first served basis in order of Priority (See Reservations 1.). **Until this form is returned to you with a confirmation signature, request is not considered final.**

Answer the following:

- Will the Campus Center Board be co-sponsoring this event? _____ Yes() No()
- Will there be an admission charge or any other type of charge? (i.e. donations) _____ Yes() No()
 - Charged event: Evidence of State Tax License? License No. _____ Yes() No()
- Will there be any food or beverages Served? _____ Yes() No()
 - Will the food or beverages be catered? If NO, a food waiver form needs to be filled out; _____ Yes() No()
 - Will there be any alcohol served? If YES, alcohol approval form must be filled out. _____ Yes() No()

**All food or refreshments of any kind must be cleared through the Foods Contractor. University of Hawai'i.
See Food Regulations on reverse side.**

- Will there be a setup? (alteration of existing facilities, need for equipment or services, etc.) If YES, list below. _____ Yes() No()

- I have read the REGULATIONS on the opposite side of this page and understand that the CAMPUS CENTER reserves the right to withdraw the privilege of using premises if regulations are not observed, and to change the room assignment if it deems necessary.

Signature of User _____ Date _____

DIAGRAM & REMARKS _____

Do Not Write Below This Line (For Office Use Only)

Exception Approved By _____ Date _____

Fund Raiser Approved By _____ Date _____

Food Service Approved By _____ Date _____

Space Confirmed By _____ Date _____

Date Paid _____ Rec. No. _____

Received By _____

Copy Distribution:
 Scheduling Officer
 Food Service
 Set-up
 User