

**FACILITY USE INQUIRY FORM FOR FACILITY RENTAL
UNIVERSITY OF HAWAII-WINDWARD COMMUNITY COLLEGE**

Office of Career and Community Education

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Web Site: <http://windwardcce.org/facilities.htm>

Billing Information: Organization's Name/Contact Person's Name Street/P.O. Box City _____ State _____ Zip Code _____			Today's Date:	
			Day(s) Requested M Tu W Th F Sa Su	Date(s) Requested
Business Phone			Residence Phone	
Cell Phone			UH/WCC Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email			Admission Charge <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Setup Start Time			Purpose of Event	
*Event Start Time			Estimate of Guests	
*End Time				
*Include at least 1/2 hour for set up & 1/2 hour for break down.				
Equipment/Services Request		AV Request		Unit Charge
<input type="checkbox"/> Tables Quantity <input type="text"/>		<input type="checkbox"/> Screen		N/C
<input type="checkbox"/> Chairs Quantity <input type="text"/>		<input type="checkbox"/> LCD Projector/TV Monitor		\$30.00
<input type="checkbox"/> Podium		<input type="checkbox"/> Standard Microphone		\$10.00
<input type="checkbox"/> Catering/Bring Own Food		<input type="checkbox"/> VGA or <input type="checkbox"/> HDMI		N/C
<input type="checkbox"/> Air Conditioning		<input type="checkbox"/> Other:		
<input type="checkbox"/> Room Key (if lost: \$25 fee)				
<input type="checkbox"/> Other _____				
*An estimate will be provided of all facility use rental fees.				
A FACILITY USE AGREEMENT FORM WILL BE SUBMITTED TO USER UPON COMPLETION OF INQUIRY FORM. UH FACILITY USE AGREEMENT FORM MUST BE APPROVED BY UH IN ORDER TO CONFIRM USE OF FACILITIES.				
FOR WCC FACILITY USE OFFICE USE ONLY				
<input type="checkbox"/> Proof of Liability Submitted (\$1,000,000.00) Exp Date: _____ <input type="checkbox"/> Air Conditioning Request (after hours) Time: _____ <input type="checkbox"/> Room Key Pick Up (For After Hours/Saturdays) Date/Time: _____ <input type="checkbox"/> Set-Up Request (Work Order) Date/Time: _____ <input type="checkbox"/> Breakdown Request (Work Order) Date/Time: _____ <input type="checkbox"/> Administrative Services Notified Date/Time: _____ <input type="checkbox"/> Media Notified: _____		CONFIRMED (Initial/Date)		Total Hours x \$ = \$
				AV Charges = \$
				Clean-Up/ Reset Fee x \$ = \$
				TOTAL DUE = \$
				Reference Number: _____
Reason Request Denied <input type="checkbox"/> Facilities unavailable <input type="checkbox"/> Use not permitted (under BOR Policy) <input type="checkbox"/> Other _____		Approved in Office Tracker		Initials
		Emailed Confirmation		Date

Revised 7/1/19

**PAYMENT IN FULL DUE TEN (10) DAYS BEFORE EVENT DATE.
ANY ADDITIONAL CHARGES INCURRED WILL BE INVOICED AT THE END OF THE EVENT.**