



REQUEST AND AGREEMENT FOR USE OF UNIVERSITY FACILITIES

Name of Organization:		Non-Profit No.		Date:	
Invoice Address:			<input type="checkbox"/> Meets 2 weeks notification <input type="checkbox"/> Does not meet 2 weeks notification		
Name of Person Responsible for Invoice:		Residence Phone:	Cell Phone:	Business Phone:	
Email Address:		Best time to be reached:			
Date(s) of Event:		Hours of Use (start time/end time):		Expected Attendance:	
Purpose of Event:					
Room / Facility Requested:					
Fees for the Activity: <input type="checkbox"/> will be charged <input type="checkbox"/> will not be charged			If fees collected, amount charged: \$		
Description		Hour(s)	Day(s)	Hourly or Daily Rate	
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Make check payable to: University of Hawaii at Hilo 200 West Kawili Street Hilo, Hawaii 96720			TOTAL CHARGES:		\$
BEFORE Signing: I have read the Agreement for Facility Use and understand and agree to abide by all the rules and regulations as stated in the policy.					
Signature (Person Responsible for Invoice):			Authorized Position:		Date:
<input type="checkbox"/> University affiliated or registered organization <input type="checkbox"/> Non-University affiliated organization <input type="checkbox"/> Copy of insurance policy attached <input type="checkbox"/> Written waiver for insurance coverage from University of Hawaii at Hilo, Chancellor's Office attached					
Facilities Request Approved			Facilities Request Disapproved		
Reason Request Denied:					
Distribution: Applicant Custodial Security Bldg & Grounds Other: _____					