

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

Office of Career and Community Education
45-720 Kea`ahala Rd., Kaneohe, HI 96744 ♦ (808) 235-7433 ♦ FAX (808) 235-7434 ♦ Email: wccocet@hawaii.edu
Web Site: <http://windwardcce.org/facilities.htm>

Billing Information:			Today's Date:		
Organization's Name/Contact Person's Name <hr/> Street/P.O. Box <hr/> City _____ State _____ Zip Code _____			Day(s) Requested M Tu W Th F Sa Su		Date(s) Requested
Room/Facility Requested			Room/Facility Requested		
Business Phone	Residence Phone	Cell Phone	UH/WCC Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Charge <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email			Purpose of Event		
*Setup Start Time			Estimate of Guests		
*Event Start Time					
*End Time					
*Include at least 1/2 hour for set up & 1/2 hour for break down.					
Equipment/Services Request		AV Request		Unit Charge	Quantity/Specs
<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
Notes:					
Revised 12/23/20					

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