

FACILITY USE INQUIRY FORM FOR FACILITY RENTAL

UNIVERSITY OF HAWAII-WINDWARD COMMUNITY COLLEGE

Office of Career and Community Education

45-720 Kea'ahala Rd., Kane'ohe, HI 96744 ♦ (808) 235-7433 or X377 ♦ FAX (808) 235-7434 ♦ kalaikus@hawaii.edu

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

Billing Information:			Today's Date:	
Organization's Name/Contact Person's Name			Day(s) Requested M Tu W Th F Sa Su	
Address			Room/Facility Requested	
City State Zip Code			Room/Facility Requested	
Business Phone	Cell Phone	Other contact	UH/WCC Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Charge <input type="checkbox"/> Yes <input type="checkbox"/> No
Email			Description of Event	
*Setup Start Time			Estimated amount of Guests	
*Event Start Time			Estimated amount of Guests	
*End Time			COVID Considerations Will Masks Be Required? _____ Will food Be Served? _____	
*Include at least 30 mins for set up and 30 mins for break down.				
Equipment/Services Request		AV Request		Unit Charge
<input type="checkbox"/> Tables Quantity <input type="text"/> <input type="checkbox"/> Chairs Quantity <input type="text"/> <input type="checkbox"/> Podium <input type="checkbox"/> Catering Information <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Room Key (if lost: \$25 fee) <input type="checkbox"/> Other _____		<input type="checkbox"/> Standard Microphone <input type="checkbox"/> LCD Projector/Screen <input type="checkbox"/> TV Monitor, input: <input type="checkbox"/> VGA <input type="checkbox"/> or <input type="checkbox"/> HDMI <input type="checkbox"/> Other: _____		Quantity/Specs
A FACILITY USE AGREEMENT FORM WITH THE ESTIMATED CHARGES WILL BE SUBMITTED TO USER. 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) Work Order: _____ <input type="checkbox"/> Room Keycard Pick Up Date/Time: _____ <input type="checkbox"/> Set-Up/Breakdown Request Work Order: _____ <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 = \$	
			TOTAL DUE = \$	
			Reference Number: _____	
			Notes:	
			Notes:	
			Notes:	
Reason Request Denied		Approved in Office Tracker		Initials
<input type="checkbox"/> Facilities unavailable <input type="checkbox"/> Use not permitted (under BOR Policy) <input type="checkbox"/> Other _____		Emailed Confirmation		Date

Revised 3/30/22

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

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COVID-19 Statement:

The health and safety of our WCC campus community is of utmost importance. Please be mindful that although not required face coverings, hand sanitizing stations, and signage may be recommended for your event. For additional support in planning a safe event, please contact the **WCC COVID Response Team** at covidwcc@hawaii.edu or **808-462-4715**.