

FACILITIES RESERVATION AGREEMENT

NAI	ME:	UNIT #:	DATE OF FUNCTION:
PURPOSE OF FUNCTION:			NO. OF GUESTS
BEC	GINNING TIME:	a.m./p.m. ENDING TIME:	a.m./p.m.
LOC	CATION or AREA DESIRED: _		
RUI	LES AND REGULATIONS:		
2. 3. 4. 5. 6. 7. 8. 9.	vendors or service providers the proposed function must be reservation. Reservations may must be able to evaluate the intercommendations, propose all A maximum of one (1) BBQ Reservations cannot be made Independence Day, and Labor A cleaning/damage deposit of and obligation of the resident GLASSWARE: The use of grecommended. Used paper of the No food or beverage of any kadjacent common areas. Hawaiki Tower management above rules and regulations of Political fund raising, religion A maximum time of four (4)	are entertaining, serving food, erective provided to Hawaiki Tower manary be made no earlier than sixty (60 mpact of the proposed activity on the unreasonably withhold authorizated deternatives, or deny certain activities grill area and twelve (12) guests may be for the following holidays: New Yor Day. If \$250 is required for reservations thost to leave the premises in a cle glassware, bottles, ceramics, chinavalups, plates and plastic tableware should in the pool area (expressive the right to terminate the proposed to the Hawaiki Taus rallies or commercial activities was rallies or commercial activities.	rears Eve and New Years Day, Memorial Day, of more than eight (8) persons. It is the responsibility an and undamaged condition. ware, or other breakables in the BBQ areas is not all be deposited in the trash receptacles provided. except water in an unbreakable container), tower or function at any time due to non-compliance with the Fower House Rules. will not be authorized. All functions must be completely finished, cleaned
ACC	CEPTED BY RESIDENT:		DATE:
ACO	CEPTED BY HAWAIKI TOWE	ER MANAGEMENT:	DATE:
	Deposit fee paid	Fee paid by check # (s)	Receipt #

OUTLINE OF FUNCTION:

Will caterers or other service providers be working or assisting you for this function? Yes. No.
If yes, please provide their names and telephone numbers and what they will be helping you with.
Name:
Telephone:
Providing what type of service?
Name:
Telephone:
Providing what type of service?
Name:
Telephone:
Providing what type of service?
Do you intend to erect shade tents or wind barriers? Yes. No.
If yes, please describe the equipment and how you intend to secure it.
Are there any other special considerations or arrangements you are making that we can assist you with?

If you need additional space, please attach a separate sheet.