



KAUAI PHILIPPINE CULTURAL CENTER
 4475F Nuhou St., P.O Box 1961, Lihue, HI 96766
 Phone: 808 431-4120 Email: kpcc2020@gmail.com

FACILITY RESERVATION FORM

Please complete the following information:

FACILITY: Banquet Hall _____ Outdoor _____
 DATE OF EVENT: _____
 TYPE OF FUNCTION: _____ (ie: wedding, birthday, performance, concert, etc)
 GUEST COUNT: _____

(Note: No more than 250 for sit down lunch/dinner; round tables with 8 chairs; up to 300 for theatre style functions)

TIME OF FUNCTION:
 _____ Lunch function 10:00am – 3:00pm (vacate by 4:00pm cleaning completed)
 _____ Dinner Function 5:00pm – 10:00pm (vacate by 11:00pm, cleaning completed)
 _____ Other i.e.: meetings and presentations (check TIME availability with KPCC)

SET UP TIME: Start time: _____ To: _____
Up to four (4) hours prior to event, unless otherwise noted. Additional charges may apply.

Will liquor be served at the function?
 _____ No liquor will be sold or served at the above function.
 _____ Yes. I understand that security guard is required. No open bar is allowed, and a bartender is required. No glass bottle drinks allowed. Liability insurance with minimum coverage of \$1,000,000 is required naming KPCC as additional insured.

Deposit: Security Deposit is required with the reservation form to secure the date. The amount are as follows:

- Events/Parties/Fundraisers \$300.00
- Business Meetings/Sales Presentations \$200.00
- Non-Profit Meetings \$100.00

CLIENT INFORMATION: Print clearly.

Client Name or Organization Contact	Organization (if applicable)
Address	Contact: Cell phone and/or work phone
City, State, Zip Code	Email Address
Client Signature	Date

KPCC Representative:

KPCC: _____ Receipt Date _____ Deposit Amount: \$ _____