



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: \$ \_\_\_\_\_