

Lokahi Center
User Application

(Please circle your activity)

Overnight Camp

Day Meetings

Special Events

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Authorized Representative and Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

of Children (11 and under): _____ # of Youth (12-17): _____

of Adults (18 and above): _____

Lokahi Center will provide toilet papers, hand-soap and hand towels.

SPECIAL REQUEST: (e.g. WiFi, copier, etc.)

Note: Special request will be an additional charge.

Office Use:

Deposit received: _____ Receipt Sent: _____ Reminder Sent: _____ Invoice Sent: _____