

ALOHA SHRINERS, A.A.O.N.M.S.

1611 Kewalo Street, Suite 201, Honolulu, Hawaii 96822-3199

Phone: (808) 536-9333 Fax: (808) 528-2384

Shriners Beach Club Reservation Form

Print Name: _____

Address: _____

Contact: _____

Phone: _____ Cellular Phone: _____

Date Requested: _____ Time: 8:00 A.M. to 5:00 P.M.

Event: _____ No. of People: Approx. _____ (400 max)

A \$100.00 Non Refundable Deposit is due at this time.

I have read the Rental Information and Requirements governing the use of the Shriners Beach Club and I will be in compliance therewith. I have signed the Release and indemnity Form.

Signature _____ Date _____

-----**PRE-CONFIRMATION (Office Use)**-----

Please be advised that the Committee has acted favorably to use the Shriners Beach Club at Waimanalo on _____ from 8:00 A. M. to 5 P.M. Your Deposit of \$100.00 was received on _____ CK#_____. The balance of \$2100.00 will be required (90) days prior to the event, due on _____.

-----**CONFIRMATION**-----

This acknowledges the receipt of the Balance of \$ _____ on _____;

Ck# _____ for the use of Shriners Beach Club at Waimanalo on _____. It is understood that there will be approximately _____ people attending the event and that you will not enter the Shriners Beach Club prior to 8:00 A.M., and will be cleaned up and out by 5:00 P.M.