

ALOHA SHRINERS, A.A.O.N.M.S.
1611 Kewalo Street, Suite 201, Honolulu, HI 96822-3199
Phone: (808) 536-9333 Fax: (808) 528-2384

Shriners Beach Club Reservation Form

Date Requested: _____ Time: 8:00 a.m. to 5:00 p.m.

Print Name: _____

Address: _____

Contact: _____

Phone: _____ Mobile Phone: _____ Email address:

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

A \$250.00 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 favorable to use the Shriners Beach Club at Waimanalo on _____ from 8:00 a.m. to 5:00 p.m. Your Deposit of \$250.00 was received on _____ CH# _____. The balance of \$2,250.00 will be required (90) days prior to the event, due on _____. Total rental \$2500.00.

----- 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 enter the Shriners Beach Club prior to 8:00 a.m., and will be cleaned up and out by 5:00 p.m.