

Aloha Shriners Beach Club Reservation Form

Date Requested:	Time: <u>8:00 a.m. to 5:00 p.m</u> .
Print Name:	
Address:	
Contact: Phone: Cell Phon	e:
Email address:	
Event:	No. of People: Approx (400 max)
A \$500.00 Non-refundable Deposit is due at this time.	
I have read & agree with the Rental Information and Requirements governing the use of the Shriners Beach Club, and will comply therewith. I have signed the Release and Indemnity Form.	
Signature	Date:
PRE-CONFIRM	ATION (Office Use)
CONFIRMATION	
o 1	f \$; Ck# lub at Waimanalo on
It is understood that there will be approximately that you will enter the Shriners Beach Club no p vacate by 5:00 p.m.	
	REV 11/23 MER