



The Filipino Community Center, Inc.
 94-428 Mokuola Street, Suite 302
 Waipahu, Hawaii 96797
 Phone: 808 680-0451
 Fax: 808 680-7510

FACILITY RESERVATION FORM

Event Date: Mon Tue Wed Thu Fri Sat Sun

Event Time

FACILITY: • Full • Half A • Half B • Courtyard • Breezeway • Conf 1 • Conf 2 • Tech Ctr 1 • Tech Ctr 2

Approximate Guest Count

(Functions with 40 guests or more must use one of FilCom's Approved Caterer.)

Type of Function

Selected Caterer

(Please refer to FilCom's Approved Caterer List.)

Celebrant's Name(s) (if applicable)

TIME OF FUNCTION:

[] Lunch, 10:30 am – 2:30 pm (Vacate 3:00 pm)

[] Dinner, 6:00 pm – 11:00 pm (Vacate 11:30 pm)

[] Other _____

(Other to be entered and approved by FilCom Staff ONLY.)

Will liquor be served at your function? [] Yes and I understand the selected caterer must bartend and two Police Security is required. I also understand they are additional charge.
 [] No liquor will be sold or served at the above function.

CLIENT(S) INFORMATION:
Please print clearly.

Client Name(s) or Organization Contact /Title

Organization (if applicable)

Address

Home Fax (if applicable)

City, State, Zip Code

Email Address

Home Phone

Cell / Pager

Work Phone

Work Fax

I have read and understand the conditions outlined on the FilCom Center Facility Rental Policies & Procedure and agree to comply with said conditions.

Signature of Client(s)

Today's Date

FILCOM USE ONLY: Contract No. _____