

FACILITY RENTAL REQUEST FORM

Hawai'i State Art Museum
Visitor Services
Art in Public Places Program
State Foundation on Culture and the Arts
250 South Hotel Street, Second Floor
Honolulu, Hawai'i 96813
Phone: (808) 586-9959

Fax: (808) 586-0308 Email: hisamrentals@gmail.com

Event Date		
Event Name		
Organization/Client Name		
Address		
	Fax	
Contact Person		
Contact's Phone	Contact's Fax	
Contact's E-mail		
• • • • • • • • • • • • • • • • • • • •	ond Floor Courtyard Front Lawn Itipurpose Room Sculpture Garden	
Galleries Opened for public viewing (from)(to)	
Event Description		
Event Time (from)	(to)	
Entrance Time (for setup) Exit Time (for cleanup)		
Anticipated Attendance		
Will alcoholic beverages be served at this	event? Yes 🗆 No 🗆	
Name of Alcohol Permit Holder & Providence	er/Server	
Please List Vendors/Services Employed	for Event (catering, tents, sound, lighting, floral, etc.)	
Caterer:	Valet Parking:	
Chairs/Tables/Linens:	Tents:	
Lighting:	Sound:	
Musicians:	Other:	

Services or Equipment Requested (please check	all that apply)
Docent Tours	
Lawn Maintenance	
Overnight Museum Security (fro	om) (to)
Other (specify:	
Additional Information/Requests	
-	
- For internal use only -	
,	(10)
Custodial Service (from)	
(number of Custodians needed	_)
Date Received	Зу
Date Necessed	<i></i>
SFCA Recommendation	
Approve Disapprove	
Executive Director, SFCA	Date
DAGS Central Services Recommendation	
Approve Disapprove N/A	
Division Chief, Central Services Division	Date
Approve Disapprove N/A D	
Approve L Disapprove L N/A L	
Comptroller	Date
Copiesto	
Building Manager Date Sent	
Capitol Security Date Sent	
Client Date Sent	