



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 _____

Phone _____ Fax _____

Contact Person _____

Contact's Phone _____ Contact's Fax _____

Contact's E-mail _____

Check Location(s) Requested: **Second Floor Courtyard** **Front Lawn**
 Multipurpose 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 & Provider/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 (from) _____ (to) _____
- Other (specify: _____)

Additional Information/Requests _____

– For internal use only –

Custodial Service (from) _____ (to) _____
(number of Custodians needed _____)

Date Received _____ By _____

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

Comptroller Date

Copiesto

Building Manager Date Sent _____
Capitol Security Date Sent _____
Client Date Sent _____