



Date: _____

APPLICATION FOR PRIVATE USE OF THE ALOHA STADIUM FACILITIES

Pursuant to the Rules and Regulations of the Stadium Authority, State of Hawaii, all applications for the use of the Aloha Stadium and related facilities should be submitted in the following format.

1. Legal name of the sponsoring person, firm, corporation, agency or association:

2. Address: _____

3. Contact person: _____
Telephone/Cell: _____ Email: _____

4. Name and Email address of the person who will be signing the License Agreement:
Full Name: _____ Email: _____

5. Detailed description of proposed event(s):

6. Estimated number of people attending event: _____

7. Location of Event: Hospitality Room Other _____

8.

Event Schedule*	Date(s)	Time(s)
Set up/Construction:		
Event Date:		
Clean up/Breakdown:		

**set up and break-down will only be available on the day of the event unless otherwise agreed upon with the Events Department*

9. Item(s) requested (for HR only): TVs Podium Projection Screen Stage

Any additional services, equipment requested (if any): _____

10. Signature of applicant:

Print Name Signature Date

ALOHA STADIUM USE ONLY – PLEASE DO NOT COMPLETE THIS SECTION		
Approved by/Date: _____ (Event Manager's Initials & Date)	Approved by/Date: _____ (Stadium Manager's Initials & Date)	
Deposit Rcvd: Date: _____ Signed Contract Rcvd: _____ (Date)	Amount: _____ Insurance Rcvd: _____ (Date)	
Date of Distribution: _____		
ASO	Box Office	Centerplate
Events	Engineer	Receptionist
Fiscal	Security	