



Hawaii Academy

Special Events & Programs Contract



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Type of Activity: **Birthday Party** **Excursion** **Private Event** **Slumber Party**
Off-site Contracts **Facilities & Equipment Rental** **Enrichment Classes**
School Field Trip **Other:** _____

Event Date: _____ Event Time: _____ Event Location: _____

Client: _____ Service Provider: Hawaii Academy

Contact Person: _____ HA Agent: _____

Contact Address: _____ Additional Insured: Yes / No

Contact Phones: _____

Contact Email: _____

Other: _____

Does family have membership in the Academy? Yes / No

How did you learn about our services? (Yellow pages, previous events, magazine, friend, etc.)? _____

Preference for Instructor(s): _____

Special Arrangements: _____

Terms & Conditions: : _____

This is to describe a contract with Hawaii Academy for the date and activity stated above. I am fully aware of the terms, conditions, and my obligations. In addition, I agree to pay _____ dollars **per participant** (\$_____ minimum) or **for the entire event.** (please cross out appropriate)

Concerns should be presented to the HA contact/agent who initiated this contract and then, if necessary, the Special Events and Programs Department Chair. If necessary, unresolved issues may be escalated to the Academy Directors.

Date: _____ Signature of Contract Client: _____

Date: _____ Signature of Service Provider: _____

Deposit of \$_____ received. Academy Official Initials: _____