

HAWAII COMMUNITY DEVELOPMENT AUTHORITY

547 Queen Street Honolulu, Hawaii 96813 Telephone: (808) 594-0300/FAX: (808) 587-0299

COMMUNITY ROOM USAGE AGREEMENT





To reserve and use the HCDA's Community Room, the following document must be fully completed (including all applicable signatures), all policies read, and then returned to the HCDA.

Organization/ Group:		
Contact Person:		
Address:		
Phone:		
Fax Number:		
E-Mail Address:		
Purpose/Description for		
Room Use:		
Requested Date (One Form	Per Date):	Requested Time:
(2 Week Minimum Advance		(Setup may not be earlier than 7:45 a.m. Event must conclude by 4:00 p.m.)
Number of Attendees:		Food & Beverage:
(Room Max. Capacity = 150		S
damage/loss to the facility, acknowledge and agree to t Policy. Failure to adhere to reserve the Community Rocksigned:	equipment, furnishings, and any ne attached terms and conditions any part of the Usage Policy was	
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Internal Use Only:	ACTION:	
DATE RECEIVED: Log/Calendar: (initial)		proved
Room Deposit \$475.00:		sapproved
Key Deposit \$25.00	By:	
Key released:	Issued by:	
Key returned:	——————————————————————————————————————	by:
	:30 p.m. No Overnight holding	

Site Condition Confirmation

I, the undersigned, on behalf of the organization I represent, agree that the Community Room and the equipment therein are in acceptable condition. I agree to restore the Community Room to this original condition upon the conclusion of my event. I understand that I may forfeit all or a portion of my security deposit if the Community Room and equipment are damaged. Signed: Name/ Title: _____ Date: _____ HCDA staff: _____ Date: _____ **Check out procedures** ☐ Return all furniture and chairs to its original position. Please refer to room diagrams and maps posted along the walls. ☐ Remove all additional equipment and chairs that were brought in. □ Remove all items from the refrigerator and counters. Floor and windowsills should be clear of debris. ☐ Ensure all trash is properly bagged and disposed in the large trash cans outside of the Community Room in the breezeway area. ☐ HCDA Staff member will conduct a walk through prior to 4:30 p.m. to determine whether the condition of the room merits a full or partial refund of the security deposit. ☐ Key fob must be returned to the HCDA staff by 4:30 p.m. **No overnight holding of keys** is allowed. *Failure to return the room to its original condition or damage to the facilities may result in the group losing the right to reserve the Community Room for any future event and forfeiting all or a portion of its security deposit. Internal Use Only: SECURITY DEPOSIT REFUND: ACTION: □ Approved Room Deposit \$475.00 ☐ Disapproved Key Deposit \$25.00 By: ___