

| | | | | | | | |
|--|--|--------|----------------------------|-----------|----------|--|----------|
| Date of Application: | Kamehameha Schools Hawaii Facilities Use Request | | | | | | # |
| Event Name/Purpose: | | | | | | | |
| Requestor/Submitter: <small>This person is responsible for 1) the group at all times, 2) completing all insurance & indemnification papers, & 3) ensuring all charges are paid. *Sr. Legacy needs a Faculty member assigned.</small> | | | | | | Phone Number: <small>One reachable during business hours</small> | |
| E-mail Address: <small>Please provide 2 email addresses</small> | | | | | | | |
| Facilities Requested: <small>Building and Room #</small> | | | | | | | |
| Event Information | | | | | | | |
| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Date | | | | | | | |
| Setup Time (start & end) | | | | | | | |
| Event Time (start & end) | | | | | | | |
| Est. Attendance & Vehicles <small>*500+ attendance requires a medical rep</small> | | | | | | | |
| Type (Setup or Event) | | | | | | | |
| Setup Details: <small>If you are changing the layout or storing items in a room for the following day please provide a brief description here.</small> | | | | | | | |
| Services Requirements <small>Organizations will be billed for applicable services provided by KS and are responsible for clean up unless prior arrangements have been made</small> | | | | | | | |
| Medical Representative: | Yes | No | Name of Medical Rep | | | Phone # | |
| Security Services: | Open/Secure Facility | | Open Restrooms | | Other | | |
| Set-up Services: | (KS Groups Only) Please submit a TMA/Work Request at https://www.webtma.net/login.aspx | | | | | | |
| Aquatics Activities | (KS Groups Only) Please call the Facilities Manager to discuss the requirements. | | | | | | |
| Sleepover/Overnight Events <u>must</u> complete all fields below. | | | | | | | |
| Supervisor Name(s): | | | | | | Phone Number(s): | |
| Chaperone Names: <small>***A minimum of 2 chaperones are required per gender.***</small> | | | | | | | |
| Supervision plan | | | | | | | |
| Submittal Instructions: | <p>FUR related requests should be e-mailed to kshfur@ksbe.edu</p> <p>All FURs should be submitted no less than 14 days prior to event</p> <p>All dates are subject to a first-come, first-served basis. No holds will be placed without the direction of the Director of Operations.</p> <p>It is the responsibility of the requestor/submitter to follow up on status on FUR.</p> <p>Requestor/submitter will be held responsible to notify kshfur@ksbe.edu of any changes or cancellations (via email) of an already approved/scheduled FUR.</p> <p>All submitted FURs are not approved until an official notification email is sent from KSH Facilities Use Request to the requestor/submitter.</p> <p>For non-KS Groups: insurance and indemnification certificates MUST be submitted to the Director of Operation at least 14 calendar days before the event.</p> | | | | | | |
| Reviewed and Approved By: <small>***KS Groups only: All department and facility signatures must be obtained before a FUR is considered approved. See page 2 for instructions & a list of department/facility manager names.***</small> | | | | | | | |
| Requestor/Submitter: | | | | | | | |
| Administrative Dept. Head of requestor (KS groups only) | | | | | | | |
| Administrative Dept. Head of Facility to be used | | | | | | | |
| Administrative Dept. Head of Facility to be used | | | | | | | |
| Administrative Dept. Head of Facility to be used | | | | | | | |
| Approved by Director of Operations | | | | | | | |

Date of Application:

Kamehameha Schools Hawaii Facilities Use Request

#

FUR Instructions (KS Groups Only)

All requestors are responsible for:

1. submitting the FUR form directly to their department head for approval
2. submitting the FUR form directly to the facility manager(s) for approval
3. keeping track of your own FUR forms
4. following up with department heads and facility managers for approvals, questions, etc.

Incomplete FUR forms will be sent back to the requestor. Once all approvals have been completed, please submit the FUR form to kshfur@ksbe.edu. Operations will give the final "approval" and send out notifications, cancellations, and amendments. Please contact kshfur@ksbe.edu for any questions.

| Building Names | List of Department/Facility Manager(s) |
|---|--|
| Charles Reed Bishop Learning Center (CRBLC Bldg 14) | Kanani De Sa <u>or</u> Kapua Helm |
| Elementary School (Bldgs 5, 6, 9 & 10) | Kaulu Gapero |
| Elementary School (Bldg 9 Keaka Gym) | Kaulu Gapero AND Jeff Law (both signatures are required) |
| Hā'aeamahi Dining Hall (Bldg 8) | Sonny Lapenia |
| High School (Bldgs 16, 20, 21, 27, & 28) | Lehua Veincent |
| High School: Keku'iapoiwa Learning Center (Bldg 17) | Lehua Veincent |
| Keawe Dining Hall (Bldg 18) | Sonny Lapenia AND Lehua Veincent (both signatures are required) |
| Koai'a Gym & Locker Rooms (Bldg 16) | Jeff Law |
| Middle School (Bldgs 1, 2, 8 Band Room, & 11) | Tehani Day |
| Middle School (Bldg 13 La'amea Gym) | Tehani Day AND Jeff Law (both signatures are required) |
| Nae'ole Pool & Locker Rooms (Bldg 26) | Dan Lyons AND Jeff Law (both signatures are required) |
| Pai'ea Stadium (Bldg 25) | Jeff Law |
| William Charles Lunalilo Center (WCLC Bldg 29) | Mike Dombroski |

DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------|--|------------------|--|------------------|--|
| Received | | Admin. Signature | | Admin. Signature | |
| Dir of Operations | | Approval Ops Not | | Completed By | |