



Pōhāhā I Ka Lani

Participation Form

P. O. Box 412, Kurtistown, HI 96760

www.pohahaikalani.com

pohahaikalani@gmail.com

****Please submit 2 weeks prior to requested date(s)****

Organization (School, Club, 'Ohana, etc.): _____

Mailing Address: _____

Contact Individual Name & Title: _____

Phone Number: _____ Email: _____

Date(s) that you are requesting: _____

Site Requested (Check All that Apply):

() **Mālama Nāpo'opo'o/Hi'ilawe, Waipi'o Valley:** Remote outdoor site with ancient agricultural systems.

- *Walking or 4x4 Vehicle access only. Local shuttle company available for hire (Inquire if needed)*
- *Limited vehicle support available for group supplies and emergency first aid kit on site.*
- *Temporary shelter only.*

() **Koa'okea: Waipi'o Lookout PONC:** Easy access site with open grass gathering area and gardens.

() **Hale Pōhāhā, Ola'a (17-4519 Huina Road, Kurtistown):** Easy access site with gardens and a covered gathering area.

Arrival time(s): _____ Departure time(s): _____

Purpose of Visit: _____

Total Number of Individuals: _____ Number of Minors: _____ Age Range: _____

(Submit complete list of attending individuals ASAP*)

Any special medical needs of individuals: () Yes. [If yes, *specify below*] () No

* Each individual must complete and sign an ACCEPTANCE OF CONDITIONS AND RELEASE OF INDEMNITY FORM.

Minors must have parent/guardian signature.

Updated: February 17, 2018