

# NEAL S. BLAISDELL CENTER and TOM MOFFATT WAIKIKI SHELL

## APPLICATION FOR USE OF FACILITIES



Yes No  
Recommended by Sales: \_\_\_\_\_ ( ) ( )

**I. Applicant/Entity:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**II. Proposed Event Name:** \_\_\_\_\_

**III. Proposed Venue:**  
(check one or more; **refer to page 2:** \* - ALL of Section X required, # - Section X, B may be required)

Arena*	Concert Hall*	Waikiki Shell*	Exhibition Hall*
Pikake Room#	Hawaii Suites#	Maui Room	Oahu Room

**IV. Proposed Date(s) or Day of the Week:**  
Move In Day/Date(s) and Time: \_\_\_\_\_  
EVENT Day/Date(s) and Time: \_\_\_\_\_  
Move Out Day/Date(s) and Time: \_\_\_\_\_

**V. Admission Type:** Paid Free Private Registration Reserved Seats  
General Admission Other \_\_\_\_\_

**VI. Expected Number of Attendees:** \_\_\_\_\_

**VII. Type of Event:**

STAGE SHOW/ENTERTAINMENT	Production/Artist(s):	_____
EXHIBITION/TRADE SHOW	Products Exhibited:	_____
SEMINAR/MEETING	Name:	_____
<u>A/V Requirement:</u>	Yes No	<u>Catering Requirement:</u> Yes No
<u>Room Setup:</u>	Class Room Theater Conference	Other _____
GRADUATION	Name of Institution:	_____ #Graduates: _____
ATHLETIC EVENT	Sport:	_____
RELIGIOUS ASSEMBLY	Name of Group:	_____
CONVENTION	Type:	_____
PARTY (Sodexo)	Graduation Birthday Retirement Luau	Other _____
VARIOUS/MISCELLANEOUS	Describe:	_____

**VIII. Will Event be recorded/broadcasted live?** Yes No If yes: Recorded Live Broadcast

**IX. Additional Information:**  
\_\_\_\_\_  
\_\_\_\_\_

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**X. Status of Applicant:**

Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Non-profit organization \_\_\_\_\_  
 Individual \_\_\_\_\_ Sole proprietor \_\_\_\_\_ Other: \_\_\_\_\_

Please attach the following information applicable to the organization:

- i. A copy of your Articles of Incorporation and a Corporate Resolution for any corporate applicant.
- ii. A copy of written agreements explaining the nature of your business (Partnership Agreement of Charter)
- iii. A copy of Non-Profit Status as determined by the Internal Revenue Service.
- iv. A copy of your State of Hawaii General Excise Tax Exemption.

**XI. References:** *Required for Arena, Concert Hall, Waikiki Shell, and Exhibition Hall;  
 May be required for Pikake or Hawaii Suites*

**A. Bank Reference**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

*\*Applicant must provide an authorization letter to the bank; giving the Blaisdell permission to obtain information.*

**B. List two (2) Auditoriums/Arenas/Halls/Facilities previously leased or rented WITHIN THE LAST 3 YEARS SIMILAR IN PROFILE TO THIS EVENT by applicant:**

**Facility 1:**

Facility Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact's Phone Number: \_\_\_\_\_  
 Contact's Email: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Attendance: \_\_\_\_\_  
 Brief Description of Event: \_\_\_\_\_  
 Production Manager: \_\_\_\_\_  
 PM's Phone Number: \_\_\_\_\_ PM's Email: \_\_\_\_\_

**Facility 2:**

Facility Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact's Phone Number: \_\_\_\_\_  
 Contact's Email: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Attendance: \_\_\_\_\_  
 Brief Description of Event: \_\_\_\_\_  
 Production Manager: \_\_\_\_\_  
 PM's Phone Number: \_\_\_\_\_ PM's Email: \_\_\_\_\_

The undersigned applicant hereby gives the Department of Enterprise Services permission to verify the information contained in this application and understands that:

- (a) No date or facility will be held by the Department of Enterprise Services until this application is returned and approved by the Director of Enterprise Services; and
- (b) If a tentative hold on a facility and date is approved based on the information contained in this application, and the Director of Enterprise Services determines the information contained herein is false or misleading, the tentative hold approved will be forfeited by the applicant, and
- (c) Any use of the Center is subject to the Rules of the Department and Rental Agreement.

**APPLICANT**

**DEPARTMENT OF ENTERPRISE SERVICES**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature of Approval**

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Name/Title**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Date