

**KAHUA 'ELUA**  
**PERFORMANCE SPACE BASIC PROPOSAL**

EHCC/HMoCA

141 Kalakaua St, Hilo HI 96720

PH 808 961 5711

Coordinator: Jackie Pualani Johnson

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**\*\*\*\*\*\$300 usage fee per performance in theater space\*\*\*\*\***

- Reservations made well in advance require a deposit of \$150.
- Full usage fee of \$300 must be made 60 days prior to event.
- A full refund of deposit will be available if the event is cancelled 2 months out.
- Cancellations made with less than 60 days notice will return 50% of deposit.

Today's Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Performance Date(s): \_\_\_\_\_ Times: (Start / Finish) \_\_\_\_\_

Load In Date: \_\_\_\_\_ Load In Time: \_\_\_\_\_

**DESCRIPTION OF EVENT:**

Detailed Description of the Performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Musical Accompaniment (if any and whether live or recorded):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Set:

\_\_\_\_\_  
\_\_\_\_\_

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*\*EHCC can refer you to a sound/light technician if you are unable to provide your own\**

Type of audience your event will appeal to:

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Total expected attendance (Theater seats about 80 max):

Performance Entry Price (\$) per person:

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How will your event benefit EHCC and the Community?

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Please add any additional notes/questions/background information:

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**Printed Name**

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**Signature**

**Date**

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**Printed Name (EHCC Rep)**

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**Signature (EHCC Rep)**

**Date**

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