

Hale Makana Registration Form

After confirming that your dates are available, please fill out this form.
You may either bring it to the church office or send to

Kauai Christian Fellowship
2731 Ala Kinoiki Road Koloa HI 96756
attn to: Hale Makana

Please include your check in order to secure the space you have selected. Since this is a tax deductible donation it is important that you write *Hale Makana* on the memo line - do not reference the dates or number of nights on your check.

Note: It is due to some recent serious expenditures at the cabin and our limited budget ability to fund them that we are asking a minimum \$30 donation for each night you and your family plan to spend at the cabin. We hope to suspend this requirement in the future as expenses are met. If even this amount is a problem for you, please let us know.

Contact Info:

Name: _____ Number of cabin guests: _____

Phone: _____

eMail address: _____

Home mailing address: _____

If you are not in our current KCF photo phone directory you will need to obtain sponsorship from someone in our leadership team in order to book the cabin. (Or you can get your photo and info to Donna for inclusion in our ohana directory)

Reservation Dates:

Arrive after noon on: _____ Depart prior to noon on: _____

Cabin Donation:

Number of nights: _____ at \$30. = _____ (please make checks to KCF)

Agreement:

___ I have read the current Objectives and Guidelines for Hale Makana and agree to abide by the policies.

___ I understand that I am responsible for leaving the cabin and grounds clean and orderly for the next guests.

Signature: _____ Date: _____