



**Hale Ikena Banquets & Conference Center**

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<https://hawaii.armymwr.com/programs/6987>

*“House with a view”*

**Client Information Form**

**Date:**

How may the Hale Ikena Catering Department serve you today?

Do you already have a contract?  Yes  No

Do you need to make a contract payment?  Yes  No

Do you need to make changes to your contract?  Yes  No

Do you have a Military/DoD Sponsor?  Yes  No

Would you like to have an event here? If so, please fill in below:

**Name:**

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**Phone Number:**

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**Email:**

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**Home Address:**

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**Date of Event:**

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**Time of Event:**

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**Type of Event:**

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**Estimate of Guest:**

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