



**Hale Ikena Community Activity Center
Facility Reservation Form**

Event Information:

Date: _____ Start Time: _____ End Time: _____

Event Type: _____ # of Attendees: _____

Proposed Layout: Rounds U-Shape Theatre Classroom Other

Customer Information:

Name: _____ Unit/Organization: _____

E-Mail: _____ Secondary E-Mail: _____

Phone: _____ Secondary Phone: _____

Address, City, State, Zip: _____

Will you need catering for your event? Yes No Unsure

Will any of your guests require base access? Yes No Unsure

Do you have a military ID card holder sponsor? Yes No Self

Name of Sponsor if not self: _____

Hale Ikena Community Activity Center
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