



Princeville *at Hanalei* Community Association

PRINCEVILLE COMMUNITY CENTER RECURRING USE — Quarterly Date Amendment

Agreement Year: _____ Quarter: Q1 (Jan–Mar) Q2 (Apr–Jun) Q3 (Jul–Sep) Q4 (Oct–Dec)

This Amendment is submitted under the Annual Reservation Agreement on file with PHCA. It does not replace or modify the Agreement — it requests specific facility use dates for the quarter indicated above. Dates are not confirmed until PHCA approves this Amendment and the quarterly use fee is received. Requested dates are listed on Page 2.

Date: _____

1. RESERVATION INFORMATION

Event / Program Name: _____ Contact Name: _____

Phone: _____ Email: _____

PHCA Member: Yes No

If No, Sponsor (optional): *A sponsor is a current PHCA member who agrees to sponsor your use of the facility at the member rate. Sponsor is expected to be present during your facility use.*

Sponsor Name: _____

Sponsor Phone: _____ Sponsor Email: _____

2. CHANGES TO AGREEMENT (IF ANY)

If anything has changed since your Annual Agreement was signed, note it below. Leave blank if no changes.

FIELD	CURRENT INFO	REQUESTED CHANGE
Recurring time / room		
AV equipment needs		
Insurance Status		
Contact Info		
Other		

Updated insurance documentation is attached (required if alcohol service or special conditions changed).

3. ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that the information above is accurate, that the dates listed on Page 2 are complete, and that all use of the facility will be conducted in accordance with the Annual Reservation Agreement and PHCA Community Center Rules & Regulations on file. PHCA reserves the right to cancel any date for any reason.

Signature of Responsible Party

Date

FOR OFFICE USE ONLY

List each facility use type on its own row. Multiply rate × hours × sessions for each subtotal, then sum for the total due. The full fee must be received before any dates are confirmed.

SESSION TYPE / DESCRIPTION	RATE (\$/HR)	HRS PER SESSION	# OF SESSIONS	SUBTOTAL
TOTAL USE FEE DUE:				

Date Received: _____ Fee Received: _____ Check #: _____ Staff Initials: _____



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PRINCEVILLE COMMUNITY CENTER — QUARTERLY DATE AMENDMENT

Event / Program Name: _____ Contact Name: _____

Agreement Year: _____ Quarter: Q1 (Jan–Mar) Q2 (Apr–Jun) Q3 (Jul–Sep) Q4 (Oct–Dec)

	DATE (MM/DD/YY)	Holiday / Weekend Y/N	ROOM	START TIME	END TIME	NOTES / CHANGES	AV? Y/N
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3							
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