

# HONOLULU COMMUNITY COLLEGE

## Outreach Office – Off Campus Request Form

Today's Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Event Location: \_\_\_\_\_ Room \_\_\_\_\_

Date of event requested: \_\_\_\_\_ From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m/p.m.

Number of participants: \_\_\_\_\_

Special accommodations, if needed: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

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

***For office use only:***

Date Vehicle request submitted: \_\_\_\_\_ Confirmed Vehicle Type: \_\_\_\_\_

Outreach Kit updated See Outreach Kit Check List: \_\_\_\_\_

Parking location instruction and pass: \_\_\_\_\_

Reconfirmed to be given on: \_\_\_\_\_

NOTES: \_\_\_\_\_