

# Application For Use of Nawiliwili Yacht Club Facilities

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

**Please submit this form 30 days prior to your event to:**

Nawiliwili Yacht Club  
P. O. Box 3661  
Lihue, Kauai, HI 96766 or email to: [info@nawiliwiliyachtclub.org](mailto:info@nawiliwiliyachtclub.org)

1. I, the undersigned NYC member, hereby make application on behalf of \_\_\_\_\_ for permission to use the \_\_\_\_\_ (facilities desired; whole facility or just the downstairs lawn and bathrooms) on \_\_\_\_\_ (date) from (include set up time) \_\_\_\_\_ ( am / pm ) to (include clean up time) \_\_\_\_\_ ( am / pm ) for the following purpose:  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_ guests are expected to attend my event. They will be charged a fee of \$ \_\_\_\_\_ each to attend. The proceeds of this fee will be used for this purpose: \_\_\_\_\_
3. The following items will be introduced into the event area (tents, tables, equipment, water slides, food/beverage, outside professional services, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
4. If said permission is granted, I hereby agree to comply with the rules, procedures and policies of the Nawiliwili Yacht Club attached hereto governing the use of the facilities. I will take the utmost care in the use of NYC property and will return the facility to the same or better condition as before my use. I will pay for any damage to or loss of NYC property arising from my use of the facilities.
5. Furthermore, I agree to pay the fee charged, if any, for the services of any personnel required and/or appointed by the Nawiliwili Yacht Club.

Members Name: \_\_\_\_\_

Organization Represented (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Day; \_\_\_\_\_ Evening; Email \_\_\_\_\_

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## FOR YACHT CLUB USE ONLY:

The above application is approved and charges will be as follows, payable to the Nawiliwili Yacht Club.

Non-Refundable Cleaning Fee \$ \_\_\_\_\_ Basis \_\_\_\_\_ Security Personnel \$ \_\_\_\_\_

Refundable Damage Deposit \$ \_\_\_\_\_ Basis \_\_\_\_\_ Insurance Certificate Required:  YES  NO

Other charges/conditions: \_\_\_\_\_

**Signed:** \_\_\_\_\_, NYC Representative Date: \_\_\_\_\_

Received Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_

Received Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_

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The above application is DENIED for the following reason: \_\_\_\_\_

**Signed:** \_\_\_\_\_, NYC Representative Date: \_\_\_\_\_