

Customized Group Programs Checklist Form

Name of Group: _____

Purpose: _____ **Group Activities: (Please check areas of interest)**

<input type="checkbox"/> Language & Hawaiian Culture	<input type="checkbox"/> Conversational English Class
<input type="checkbox"/> Intensive Business English	<input type="checkbox"/> Field Trips to:
<input type="checkbox"/> Intensive English for Hospitality Industry	<input type="checkbox"/> Cultural Sites
<input type="checkbox"/> Professional Development for English Teachers	<input type="checkbox"/> Hawaii Volcanoes National Park
<input type="checkbox"/> Annual School Excursion Abroad	<input type="checkbox"/> Star Gazing
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Whale Watching (seasonal)

Dates: From ____ / ____ /20____ to ____ / ____ /20____

Arrival Date:	<input type="checkbox"/> Tsunami Museum
<input type="checkbox"/> Hilo Airport	<input type="checkbox"/> Lyman House Museum
<input type="checkbox"/> Kona International Airport	<input type="checkbox"/> Imiloa Astronomy Center
Departure Date:	<input type="checkbox"/> Activities with local residents
<input type="checkbox"/> Hilo Airport	<input type="checkbox"/> Wine Tasting
<input type="checkbox"/> Kona International Airport	<input type="checkbox"/> Golfing

Group Sizes/Ages: _____

Anticipated number of participants: _____	<input type="checkbox"/> Flower Farm
<input type="checkbox"/> All Male	<input type="checkbox"/> Beaches
<input type="checkbox"/> All Female	<input type="checkbox"/> Coffee Farm
<input type="checkbox"/> Mixed Group	<input type="checkbox"/> Shopping
	<input type="checkbox"/> Kona

Ages:	<input type="checkbox"/> Hiking
<input type="checkbox"/> High School	<input type="checkbox"/> Picnic
<input type="checkbox"/> College	<input type="checkbox"/> Making a lei or other crafts
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ukulele

Number of Chaperones: _____

Housing Arrangements Needed

<input type="checkbox"/> Yes	<input type="checkbox"/> Agriculture Farm
<input type="checkbox"/> No	<input type="checkbox"/> Cooking Demo

Housing/Lodging Requests: _____ **Other Requests:** _____

double occupancy Triple occupancy

Transportation Needed

<input type="checkbox"/> Yes	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> No	<input type="checkbox"/> Food Allergies

Meals: Please arrange

<input type="checkbox"/> All meals (Breakfast, Lunch, Dinner)	<input type="checkbox"/> Other Allergies
<input type="checkbox"/> Breakfast only	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Lunch only	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Dinner only	
<input type="checkbox"/> Breakfast and Lunch	
<input type="checkbox"/> Breakfast and Dinner	
<input type="checkbox"/> Lunch and Dinner	

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