



CEP Overnight Request Form



Group Name: _____

Group type: ____ Individual ____ Family ____ / ____ School/Grade ____ Community Group

Phone #: _____ home / work / school / cell (*indicate which*)



Best # for us to call for last-minute cancellation or changes: _____

Email address: _____

Mailing address: _____

Program Fees: \$50/ person (youth and adults) - 15 person minimum. Program is based on camping on the lawn (for additional housing see note below). Beach Pavilion facilities will be available and include bathrooms and a beach shower. We provide an evening snack and a continental breakfast. For dinner eat prior, pack a sack dinner.

Dates requested: Friday/Saturday programs run 5pm – 10am,
Saturday/Sunday programs run 4pm – 9am.

1st choice _____

2nd choice _____

Due to safety considerations, children and students must be 5 years of age and up to participate in the Community Education programs.

Total number in group: ____ (Minimum 20/ Max. 36) ____ Adults ____ Children

School and youth groups are required to provide adult chaperones as follows:

Below 6th grade, at least 1 adult for every 5 children

6th grade and up, at least 1 adult for every 10 children

Additional Housing: Additional housing may be available in the form of rental of the Lanai Suites.

Please check our web site for costs. See: [HIMB Housing](#) for details. Note that the linen fee is required, so please remember to include it in your calculations.

These housing fees are additional to the \$40/person program fee. Let us know if you are interested so that we can check and see if the suites are available.

Yes we are interested in the lanai suites for ____ people.

Community Education Program * Hawai'i Institute of Marine Biology

* P.O. Box 1346 * Kāne'ohe, HI 96744

Phone: (808)235-9302 * Fax: (808)235-9300 * Email: himbcep@hawaii.edu

*Website: www.himbcep.org