KŌʻIEʻIE FISHPOND PRESENTATION REQUEST FORM Service Provided By 'Aoʻao O Nā Loko Iʻa O M

Today's Date:	
Your Contact Information:	
Name:	To ao O Na Loko I'a O Mai
Phone Number:	³⁰ O Nā Loko Va
Fax Number:	
E-mail Address:	
Mailing Address:	
School/Organization Information:	
School/Organization Name:	
Grade/Age Level:	
Number of students attending:	
Presentation Information: Requested Date of Presentation: First Choice Second Choice	Third Choice
Time that you will be at fishpond for presentation: Other:	a.m./p.m. toa.m./p.m
What level of knowledge/understanding does your $(0 = \text{None}, 5 = \text{Extremely knowledgeable})$ fishpor	
What would you like your group to participate in? Educational presentation (participants rotat Restoration of fishpond (participants physi	
May we take pictures/video of the participants and educational purposes? Yes	use the pictures and/or video for promotional and No
Because our non-profit receives a majority of its fi have letters of support for our project. Are you wi	nancial support from grantors, it is extremely useful to lling to write a short letter of support? Yes No
Do you have any special requests? No	Yes (If yes, please explain.)

Please fill out the above information and e-mail it to info@mauifishpondassociation.org. If you have any questions, you may contact Joylynn Paman at (808) 359-1172.