



Hawaiian Inter-Club Council of Southern California

2026 Annual Ho`olaule`a

COMMUNITY BOOTH APPLICATION

GENERAL INFORMATION

Community Booths are available on a first-come, first-served basis for community service organizations and cultural practitioners. Applicants must abide by all vendor rules and deadlines.

Please print clearly, complete, and sign the application. Incomplete applications will delay processing.

• Organization/Business Name: _____

• Your Name: _____

• Address: _____

City: _____ State: _____ Zip: _____

• Phone Number (Day): _____

• Phone Number (Evening): _____

• Email Address: _____

MERCHANDISE INFORMATION

The Annual Alondra Park Ho`olaule`a celebrates Pacific Islander cultural arts. All booths must align with the event's theme. HICCCSC reserves the right to revoke booth access for any organization whose display or décor is deemed inappropriate.

All displays and activities should be:

Aligned with the event's cultural theme

Appropriate for all ages and family-friendly

Please describe the services your organization offers or the cultural work undertaken by your practitioners: _____

BOOTH SPACE

Community booth fees are **waived**, with the understanding that **items may not be sold**. Vendors may distribute information and provide giveaways at no cost.

- **Booth Size:** 10' x 10'
- **Provided:** (1) 10' x 10' tent, (2) chairs, (1) table (upon request)
- **Duration:** Booth space is available for both days of the Ho'olaule'a

 **Selling items is strictly prohibited in a Community Booth.**

ELECTRICAL POWER

 **No electrical power will be provided.**

SETUP, BREAKDOWN & EVENT HOURS

- **Setup Times:**
 - **Friday:** 4:00 PM – 8:00 PM
 - **Saturday & Sunday:** 6:00 AM – 9:00 AM

Vehicle Access:

- Only **one vehicle per booth** is allowed inside the venue at any time.
- Vendors must follow assigned color-coded loading times and designated entry areas.
- Parking is available at El Camino College for a nominal fee. There is no onsite parking provided.

Overnight Setup:

- Vendors **may leave their booth set up overnight** on Friday and Saturday **at their own risk**.
- **HICCSA does not provide security** and assumes no liability for lost, stolen, or damaged items.

Event Hours:

- **Saturday:** 10:00 AM – 5:00 PM
- **Sunday:** 10:00 AM – 5:00 PM

Breakdown & Load-Out:

- Vendors will be assigned a **specific color-coded time slot** for load-out.
-

CLEANUP RESPONSIBILITY

Vendors are responsible for cleaning their booth area **immediately upon closing** each day.

ACCEPTANCE OF TERMS

By signing below, I affirm that the information provided is accurate and truthful. I acknowledge that I have reviewed all the details in this application.

I understand that **HICCSA is not responsible** for any losses, damages, injuries, or claims related to my participation in the Ho'olaule'a. Additionally, I agree to **indemnify and defend** the Hawaiian Inter-Club Council of Southern California against any legal claims or liabilities arising from my participation.

Signature: _____

Date: _____

Application Deadline: May 31, 2026

 **Mail completed form to: HICCSA Attn: Lehua Hawkins P.O. Box 116 Lomita, CA 90717**

✉ **Email:** Lehua.Hawkins@gmail.com or Uilani@yahoo.com



HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is entered into by and between the Hawaiian Inter-Club Council of Southern California (HICCSC), a non-profit organization, and its staff, volunteers, performers, engineers, musicians, and all other participants, including but not limited to vendors participating in the Alondra Park Ho'olaule'a, scheduled to take place from Friday, July 17, 2026, to Sunday, July 19, 2026, at Alondra Park (3850 West Manhattan Beach Blvd., Lawndale, California).

All parties hereby agree as follows:

1. Indemnification and Defense

All participants, including vendors, agree to take all necessary steps, including hiring legal counsel if required, to defend, indemnify, and hold harmless the HICCSC, including its officers, directors, employees, agents, and volunteers, from and against any and all claims, demands, lawsuits, or causes of action. This indemnification applies to any liability, damage, or loss—whether arising under law or equity—asserted against the HICCSC as a result of injury, loss, or damage caused by, arising out of, or in any way incidental to the conduct, participation in, or operation of the above-referenced event.

2. Scope of Liability

This agreement extends to any and all claims of liability, damage, or loss, including but not limited to:

- o Injury, loss, or damage caused by the combined or concurrent negligence of the HICCSC or any third party (including respective officers, directors, employees, agents, and/or volunteers).
- o Injury, loss, or damage arising regardless of fault, based on any theory of strict liability, statutory liability, or operation of law.

3. Enforceability

- o To the extent that any provision in this agreement is determined to conflict with or violate existing or future laws, that specific provision will be deemed void or unenforceable.
- o In such cases, all remaining provisions shall remain valid and enforceable, and the vendor agrees to continue to defend, indemnify, and hold the HICCSA harmless to the fullest extent permitted by law.

4. Compliance

By signing this agreement, the participant/vendor acknowledges they have read, understand, and agree to comply with the policies and procedures outlined in the HICCSA Vendor Guidelines, which are incorporated into this agreement by reference.

Acknowledgment

By signing below, I confirm that I have read, understand, and agree to the terms and conditions of this Hold Harmless Agreement.

Vendor Name: _____

Signature: _____

Date: _____

SAMPLE CERTIFICATE OF LIABILITY INSURANCE POLICY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Foresite Sports, Inc. DBA: Eventsured 3553 West Chester Pike #418 Newtown Square, PA 19073	CONTACT NAME: Eventsured Customer Service PHONE (A/C No. Ext): 888-882-5902 FAX (A/C No.): E-MAIL ADDRESS: info@eventsured.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Houston Casualty Company 42374 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** TM355833 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	INSR	YEAR	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY				H23SE00155/TM355833			EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER								PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY								PRODUCTS - COMPROP AGG \$ 1,000,000
	<input type="checkbox"/> ANY AUTO								DEDUCTIBLE \$ 0
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS							COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per person) \$
	<input type="checkbox"/> BODILY INJURY (Per accident) \$								BODILY INJURY (Per person) \$
<input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$							PROPERTY DAMAGE (Per accident) \$		
<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR							EACH OCCURRENCE \$	
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$	
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								WC STATUTORY LIMITS OTHER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT \$	
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$	
								E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Apparel Vendor to be held on 07/20/2024 - 07/21/2024 with 500 attendees at County of Los Angeles Department of Parks and Recreation is also named as additional insured per form CGD411 04/08. Event Date: 07/20 Alondra Park/Lawndale 1000 South Fremont Ave, Unit #40, Building A-9 Alhambra, CA 91803. Additional Insureds include: County of Los Angeles Department of Parks and Recreation is also named as additional insured per form CGD411 04/08. Event Date: 07/20 Alondra Park/Lawndale 1000 South Fremont Ave, Unit #40, Building A-9 Alhambra, CA 91803.

CERTIFICATE HOLDER County of Los Angeles Department of Parks and Rec 1000 South Fremont Ave, Unit #40, Building A-1 Alhambra CA, 91803	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person or Entity (Additional Insured):

County of Los Angeles Department of Parks and Recreation
1000 South Fremont Ave, Unit #40, Building A-9
Alhambra, CA 91803



Alondra Park Hoolaulea 2026 Opportunity Drawing Voucher

Each year, the HICCCSC staff invites vendors to contribute to the Hoolaulea Opportunity Drawing. These donations help alleviate event expenses, and we are incredibly grateful for the generosity of our vendors.

To make the process easier and encourage visitors to explore your booth, we are requesting vendors to provide a voucher instead of a physical item. The prize winners will redeem their vouchers directly at your booth, providing them with the opportunity to see and potentially purchase additional items from your inventory.

Instructions

- Please fill out the voucher below and attach it to your vendor application.
 - Winners will redeem the voucher directly at your booth during the event.
 - Redemption must occur by 4:00 PM on Saturday, July 18, 2026, or Sunday, July 19, 2026.
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Opportunity Drawing Voucher

Voucher Valid On:

Saturday, July 18, 2026

Sunday, July 19, 2026

(Valid until 4:00 PM on the selected day.)

Vendor Name: _____

Booth #: _____ **Redemption Value: \$** _____

Item Description: _____

Vendor Signature: _____ **Title:** _____

Thank You

Mahalo nui loa for your generosity and participation in the Alondra Park Hoolaulea 2026.
Your contribution makes a meaningful impact on the success of this event.



2026 Advertisement Order Form

Organization Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Signature: _____

Ad Size and Cost

Please select your desired advertisement size by checking the appropriate box:

Ad Size	Ad Cost	Select
Full Page	\$1,000	<input type="checkbox"/>
Half Page	\$500	<input type="checkbox"/>
Quarter Page	\$250	<input type="checkbox"/>
Business Card	\$100	<input type="checkbox"/>

Submission Deadline

All advertisements must be submitted no later than May 31, 2026.

Send your ad and payment by mail to:

HICCS

P.O. Box 116

Lomita, CA 90717