

HAWAII INSTITUTE OF MARINE BIOLOGY

HIMB at Moku O La'e (Coconut Island), Kāne'ōhe Bay

Visitor Report Form

SPONSORS: You are responsible for completing and submitting this form to the Director's/Front Office AT LEAST TWO DAYS PRIOR to visit date. You MUST have your visitor(s) sign a Waiver/Release Form prior to arrival or before leaving the lighthouse area

HIMB SPONSOR'S NAME(S): _____ PHONE: _____

Sponsor(s) must accompany visitors at all times while on Island

DATE(S) OF VISIT: _____ TIME OF VISIT: _____

VISITOR'S NAME(S), DEPARTMENT NAME(S); GROUP NAME(S): _____

TOTAL NUMBER IN GROUP: Adults: _____ Children: _____

SPECIAL REQUIREMENTS NEEDED?

- "HONU KAI" Ferry (fee charged) Yes _____ No _____ (If Yes, complete section below and contact Jim Lakey at 236-7435)
- Pauley Classroom (fee charged) Yes _____ No _____ (If Yes, call HIMB office at 236-7401 to schedule)
- Pauley Dining Room (new bldg.) Yes _____ No _____ (If Yes, call HIMB office at 236-7401 to schedule)
- Pauley Pavilion (old bldg.-topside) Yes _____ No _____ (If Yes, call HIMB office at 236-7401 to schedule)
- Pauley Beach House (fee charged) Yes _____ No _____ (If Yes, call HIMB office at 236-7401 to schedule)

PURPOSE OF VISIT: _____

AREAS VISITING: _____

Honu Kai Ferry Pickup and Billing Information (please complete if HONU KAI is requested)

Contact Person: _____

Please provide complete contact information to send invoice:

Mailing address: _____ Phone: _____

Fax: _____

Email Address: _____ Cell: _____

Pick up time from Lilipuna pier to Coconut Island: _____

(NOTE: Change of pickup to He'eia Kea pier will be determined by HIMB.)

Departure time from Coconut Island to Lilipuna pier: _____

FOR OFFICE USE – Intra-office Distribution

Distributed by:
(Initial and date)

Approval from the Director for visits during non-working hours (nights and weekends) and for larger sized groups

c: **All:** Shuttle Boat, Security

Weekends: Student Residents

Fee Charged: Fiscal

Ruth Gates, Director

Others: _____