REQUEST FOR BLESSINGS & MINISTRY SERVICES

REQUESTOR INFORMATION	AFFILLIATION
Name	Company
Address	Address (If different)
City/State/Zip	_City/State/Zip
E-Mail	E-Mail
Phone (Main)	Phone (Office)
Phone (Mobile)	Phone (Mobile)
Contact Person	Phone
(If different from Requestor)	(Contact Person's Phone)
TYPE OF BLESSING REQUESTED	
Please check the appropria	te box for type of blessing
OFFICE HOUSE STORE OPENING	GROUND BREAKING OTHER
Date of Event:	Start Time:
Event Name:	End Time:

Event Location

Please give a brief description of your blessing request. Explain type if checked "OTHER"

Event Address:

GENERAL INFORMATION ABOUT PROCESSING YOUR REQUEST

Please fill out this form and save it to your compputer as a new file *Example:BlessingReq_CompanyName_110212* (Date). Send your form back to our office as an attachment, to *chapel@ksbe.edu*. Requests are processed as they are received. You will be notified via email when your request is received. Confirmation of your request is dependent on the availability of our Kahu. Our goal is to accommodate as many requests as possible. However, there may be times that there are no available Kahu to accommodate your request. You will be notified via email within 72 hours, whether your request has been approved or declined. If you do not receive a reply within 72 hours, please feel free to call our office at 808-842-8204.

FOR OFFICE USE ONLY		
Date Request Received:	Comments:	
Date Email Reply Sent:		
Confirmed	Declined	
Kahu's Name:		
Date Confmd:		