



Kahala Mall "The Very Merry Event"
December 7-9, 2018

CHARITY PARTICIPATION FORM

*Submit completed form by Fri. Oct. 5th by email to: kminfo@kahalamallcenter.com
or e-fax to 808.356.3421*

Organization: _____

First Contact Name: _____

Phone: _____ Email: _____

Second Contact Name: _____

Phone: _____ Email: _____

Your organization will be listed on our website with the information provided below:

Website, Email or Phone: _____

Contact Person: _____

My organization would like to participate by selling _____ tickets.

(Maximum (100) initial tickets will be given to each non-profit organization.)

For questions or more information please contact Kahala Mall Marketing at
kminfo@kahalamallcenter.com



KAHALA MALL
KAHALAMALLCENTER.COM

Initial for ticket pick-up _____ Date _____

Date Received (Kahala Mall Management use) _____