

Board Office Use: Legislative File Info.	
File ID Number	18-1739
Introduction Date	9/26/18
Enactment Number	18-1529
Enactment Date	9/26/18 os



OAKLAND UNIFIED SCHOOL DISTRICT

Memo

To Board of Education
From Kyla Johnson-Trammell, Superintendent
Meeting Date _____
Subject Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. <u>1819-0040</u> authorizing student travel by school site Skyline High School to Hilo, Hawaii for Volleyball Tournament for the period of <u>8/31/18</u> through <u>9/4/18</u>
Itinerary and activities	Please see attached itinerary of tournament schedule.
Educational Purpose of Trip	Students will complete in a tournament with other students from all over U.S. There will be team bonding and lots of volleyball play. Students will learn from different coaches from around the United States in Volleyball skills which aligns with our overall PE standards.
Teachers Attending Trip	Erica Hansen
Site Administrator Affirms	<ul style="list-style-type: none"> • Parental permission forms will be on file for all students participating and school has emergency communication protocol • There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements) • School will address financial or accessibility issues that might prevent students from participating
Recommendation	Approval of Board Resolution authorizing student travel described above.
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>0</u> Funding source for the trip will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input checked="" type="checkbox"/> No District funds will be used Resource Code: _____

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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**

Resolution No. 1819-0040

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of 8/31/18 through 9/4/18 to Hilo, Hawaii by air plane

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Skyline High School

Destination: Hilo, Hawaii

Departure Date: 8/31/18 Return Date: 9/4/18

Passed by the following vote:

AYES: Jody London, Nina Senn, Shanthi Gonzales, James Harris, Vice President Jumoke Hinton Hodge, President Aimee Eng

NAYS: None

ABSTAINED: None

ABSENT: Roseann Torres

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held 9/26/18.

By: 
Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



Basic Directions

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Network Superintendent no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
7. Check the Pre-Approved Vendor List for contract and insurance requirements
8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may be available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Skyline High School Site Number: 306

Destination: Hilo Hawaii
 Address: 71 Banyan Dr. Hilo Hawaii 96720
 Phone or Contact Info: 888.217.7426

Departure - Date: 8/31/18 Time: 8am Place of Departure: Oakland International Airport

Return - Date: 9/4/18 Time: 5pm Place of Return: San Jose Airport

Class(es)/Group Attending: Varsity Girls Volleyball

Grade(s): 9-12 # of Students: 14 # of Adults: 4

Teacher Supervising Trip: Erica Hansen

Emergency Contact # During Trip: 909.230.2434

Supervising Teacher's Email Address: erica.hansen@ousd.org

8/1/18 K Powell
RECEIVED



Site: Skyline High School #306
 Teacher Supervising Trip: Erica Hansen
 Destination: Hilo Hawaii
 Date of Departure: 8/31/18 to 9/4/18

Describe itinerary and activities: <input checked="" type="checkbox"/> Trip will include swim or water activities)	3 day volleyball tournament
Names of teachers and staff attending trip:	Teachers: Erica Hansen Staff: <u>Moni Pāua,</u> <u>Michelle Brennar, Meghan Johnston,</u> =4
Describe mode of transportation for each leg of the trip:	Alaska Airlines plane to and from Hawaii; Bus around the island
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	Students will complete in a tournament with other students from all over U.S. There will be team bonding and lots of volleyball play. Students will learn from different coaches from around the United States in Volleyball skills which aligns with our overall PE standards.

TRIP COSTS

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for trip costs will be \$ 0

Funding source for the trip will be: General Funds Restricted funds No District funds will be used
 Resource #: _____



Site: Skyline High School #306
 Teacher Supervising Trip: Erica Hansen
 Destination: Hilo, Hawaii
 Date of Departure: 8/31/18 to 9/4/18

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ 250 Source: General Funds Restricted No District Funds
 Cost per student: \$ _____ Cost per adult: \$ _____

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	5829				

TRANSPORTATION/CHARTER BUSES

Note: If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

Bus Company: _____

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

Cost of transportation: \$ _____ Source: General Funds Restricted Funds No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: No:

- Severe Allergy Student has an Epi-pen at school
- Asthma Student has an inhaler at school
- Diabetes Student has medication at school
- Seizures Student has medication at school
- Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Will any students need medications during the trip? Yes: No:

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: No:
If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: NONE

1. Attach a copy of the site plan, if modified. Modified SPSA Date: _____
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



Site: Skyline High School #300
 Teacher Supervising Trip: Erica Hansen
 Destination: Hilo, Hawaii
 Date of Departure: 8/31/18 to 9/4/18

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Trip aligns with grade level standards <input checked="" type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input checked="" type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/22/18
Network Superintendent <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/20/18
Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/21/18

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/24/18
Risk Management <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/21/18
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/29/18



Site: Skyline High School #306
 Teacher Supervising Trip: Erica Hansen
 Destination: Hilo, Hawaii
 Date of Departure: 8/31/18 to 9/4/18

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

- "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants. - In Progress
- "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones. - In Progress
- OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones. - In Progress
- No student has been prevented from making a trip due to lack of sufficient funds.
- No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
Meeting date: May 24, 2018
- Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- Sleeping arrangements and night supervision are safe and appropriate.
- Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Skyline High School Site Number: 306

Destination: Hilo, Hawaii

Departure - Date: 8/31/18 Time: 8 AM

Return - Date: 9/4/18 Time: 5 PM

Class(es)/Group Attending: Girls Varsity Volleyball

Grade(s): 9-12 # of Students: 14 # of Adults: 5

Teacher Supervising Trip: Erica Hansen

Supervising Teacher's Email Address: erica.hansen@ousd.org

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: [checked] No: []

- Severe Allergy, Asthma, Diabetes, Seizures, Sickle Cell Anemia, Other condition(s)
Student has an Epi-pen at school, Student has an inhaler at school, Student has medication at school, Student has medication at school, Student has medication at school, Student has medication at school
Student has medication at school

Will any students need medications during the trip? Yes: [checked] No: []

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools, Thriving Students

**FIELD TRIP/EXCURSION INFORMATION
DESTINATION OUTSIDE OF CALIFORNIA**
(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: Skvline High School

Destination: Hilo Hawaii

Address: 71 Banvan Dr. Hilo, Hawaii 96720

Departure - Date: 8/31/18 Time: 8 AM Place of Departure: Oakland International Airport

Return - Date: 9/4/18 Time: 5 PM Place of Return: San Jose Airport

Class/Group Attending: Girls Varsity Volleyball

Name(s) of Classroom Teacher(s): Erica Hansen

Teacher Supervising Trip: Erica Hansen

Emergency Contact # During Trip: Erica Hansen [REDACTED]

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/>Swim/water activities permission required)</p>	<p>Students will complete in a tournament with other students from all over U.S. There will be team bonding and lots of volleyball play. Students will learn from different coaches from around the United States in Volleyball skill.</p>
<p>Mode(s) of transportation:</p>	<p>Plane. Bus.</p>
<p>Student needs to bring:</p>	<p>Clothes for volleyball play, recreational clothing</p>

Insurance Notice to Parents: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at Rebecca.Cingolani@ousd.org.



Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____ (Name of Student – please print)
to participate in a field trip on Date(s): 8/31/18 to 9/4/18
to: Hilo, Hawaii

Emergency Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student Health Conditions

- Severe Allergy to: _____
- Asthma Student has an inhaler at school Diabetes Student has an Epi-pen at school
- Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes _____ No _____

My child's swimming ability is (check one): Beginner _____ Intermediate _____ Advanced _____

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

_____ Parent or Guardian Signature _____ Print Name _____ Date

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

____ My high school student has my permission to arrive at and/or leave the destination on his/her own: ____ arrive ____ leave

_____ Parent or Guardian Signature _____ Print Name _____ Date



Labor Day Volleyball Classic *A TEAM BUILDING EXPERIENCE*

Date: September 1-3, 2018
Site: Kamehameha – Hawaii Campus (Big Island)
Tournament Starts: Saturday 9:00am
Entry Fee: \$250
Entry Deadline: June 1, 2018
For more information email: Coach Guy Enriques
enriques@hawaii.rr.com (808) 217-2253

Tournament Goals:

- 1) Preseason competition for all levels of play
- 2) Team building and bonding activities
- 3) Promoting fellowship amongst players and teams

Weekend Schedule:

Friday: 6:00pm Opening ceremony - Ice cream social (floats/sundae)
Introduction of teams, Team building activities - guest speakers,
Fun Team games, Introduction of Team building activity

Saturday: 8:00a- 3:00p 1st round of pool play
7:00p-8:00 Coaches/Players Clinic - Team Building Activities

Sunday: 9:00a-4:00p 2nd round of pool play
6:00p-8:00p Free dinner and Team Building Finale

Monday: 9:00a-2:00 Single Elimination play-off

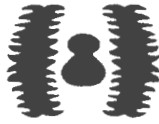
Tournament Format:

5 great courts on campus plus multiple courts close by
4 team Pools (4 teams per court)
Guaranteed 7 matches in 2 rounds of Pool Play
Single elimination finals on Monday

- Gold Division
- Silver Division
- Bronze Division

Free – substitution
Flip Scoring only – No line up checks

Free Gym Stays available on First come first serve basis



71 Banyan Drive
 Hilo, HI 96720
 808-935-9361/808-961-9642
 www.castleresorts.com

HILO HAWAIIAN
 HOTEL

Group Contract

Client/Organization
Skyline High School Girls Volleyball
 -Erica Hansen
 2020 Santa Clara Ave. #202
 Alameda, CA 94501

Time Frame
 Checkin Date: Fri 08/31/2018
 Checkout Date: Tue 09/04/2018
 Release Date:
 Group Code: HH8262

*STANDARD GARDEN VIEW NET RATE: \$125.00 PLUS TAX PER NIGHT (1 - 4 OCCUPANTS UTILIZING EXISTING BEDDING)
 ROLLAWAY: \$30.00 PLUS TAX PER NIGHT. LIMIT 1 ROLLAWAY PER ROOM
 PORTERAGE: ON OWN
 PAYMENT: PREPAYMENT*

ROOM COMMITMENTS

Room Type	08/31	09/01	09/02	09/03	Total Rooms
Standard Banyan	5	5	5	5	20
* Totals:	5	5	5	5	20

TERMS AND CONDITIONS

STATUS REPORTS: Status reports are required to keep the group reservation(s) active. Deposits are required to maintain the confirmation status of your group reservations. Reinstatement of groups will be based on space availability. "90 DAY REVIEW": Ninety (90) days prior to the group's arrival date, Hilo Hawaiian Hotel requires a group status report indicating the number of rooms desired to be held. A one (1) night deposit for all rooms to be held is required at this time. Hilo Hawaiian Hotel reserves the right to release for resale, any rooms not covered by deposit. "60 DAY REVIEW": Sixty (60) days prior to the group's arrival date, Hilo Hawaiian Hotel requires an additional group status report indicating the number of rooms sold to date and the desired number of rooms to be held. "30 DAY PREPAYMENT/GUARANTEED DUE": Thirty (30) days prior to the group's arrival date, Hilo Hawaiian Hotel requires a full prepayment for all rooms desired to be held as a FINAL COUNT. This full prepayment is to include all charges for rooms, taxes, porterage, and all additional services arranged. Hilo Hawaiian Hotel requires a TYPED ROOMING LIST indicating the tour escort name(s), group's arrival and departure information, and any special requests (handicapped room, adjoining rooms, bedding, smoking, etc.).

PORTERAGE: Is mandatory for all groups unless negotiated or agreed to by the Hilo Hawaiian Hotel. The cost of this service is additional to the room charge. The cost is charged per person plus tax. Baggage will be delivered to the hotel room upon check-in and handled from the room to the lobby or transportation upon checkout.

PAYMENT POLICY: Ninety (90) days prior to the group's arrival date, Hilo Hawaiian Hotel requires a one (1) night deposit for all rooms to be held. FULL PREPAYMENT for all group reservations must be received by Hilo Hawaiian Hotel, no later than THIRTY (30) DAYS PRIOR to the group's arrival date. All payments are due in U.S. funds only. Coupons, exchange vouchers, service orders, letters of guaranty are not honored except by prior agreement with Hilo Hawaiian Hotel. In the event that a delinquent account is assigned to a licensed Collector or and attorney for collection or suit arises from this account, Hilo Hawaiian Hotel will assess, in addition to the money owed, interest and collector's or attorney's fee equal to 25% of said delinquent account. Credit card payments in excess of \$10,000.00 will incur an additional surcharge of up to 3.2%. Credit card payments for all food & beverage purchases will incur an additional surcharge of up to 3.2%.

CANCELLATION ALLOWANCES AND CHARGES: After the thirty (30) day PREPAYMENT/GUARANTEED DATE, a reasonable number of emergency cancellations will be allowed, not to exceed 10% of the total rooms held or five (5) rooms, whichever is less, up to seventy-two (72) hours prior to group's arrival date. Each room released in excess of this allowance will be subject to a cancellation fee equal to the entire length of the group's stay. No shows will also be charged in accordance with these cancellation policies. Cancellation charges will not be transferred to or made applicable to other group bookings.

RELOCATIONS: During the effective dates of these reservations, should Hilo Hawaiian Hotel find itself in a position in which it becomes necessary for your clients to be relocated to a hotel other than the property originally designated in your reservations, Hilo Hawaiian Hotel shall make every effort to find a comparable hotel in the State of Hawaii and shall pay for any additional cost of room charge and transportation incurred for the relocation. It is expressly agreed that the Hilo Hawaiian Hotel shall not be liable for any other damages or claims suffered by the agency and/or clients as a result of any group/FIT relocations.

ADDITIONAL CHARGES: All room, porterage, food/beverage and gratuity charges are to be prepaid and are subject to Hawaii's State Tax (current rate is 4.166%). Room rates subject to Hawaii's Transient Accommodation Tax (currently at 10.25%). Tax rates are subject to change and any increase is to be paid by the group/operator. Also, each guest will be responsible for all incidental charges to their rooms.

Miscellaneous: Hilo Hawaiian Hotel reserves the right to modify and/or revoke any of the rates and concessions offered when in its opinion alone, that these rates, policies or concessions are being misused. Any deviations from any aspect of this contract will result in releasing of the group block and rooms will no longer be granted. Reinstatement and or inquiries will be based on availability. Hilo Hawaiian Hotel will not be held liable for the foregoing conditions: Strikes, acts of God, failure of guests to vacate as scheduled, or conditions beyond the control of the hotel

Acknowledged and Accepted by:

Hotel Representative:

 Print name:

 Print name:

 Date:

 Date: