

**Request for stay at Hawaii Conservation Biology Field Station ("TNC House") at Haleakala**

Please provide the following information PRIOR to your occupancy. (Use the back of the page and/or additional sheets if necessary.) Please fill out BOTH PAGES of this form.

**NOTE:** submission of this form does NOT constitute automatic approval of occupancy. DO NOT ASSUME THAT RESERVATION IS CONFIRMED until notified so by HCBFS manager. Please complete ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL RESULT IN DELAY; RESERVATION REQUESTS WILL NOT BE CONFIRMED UNTIL ALL INFORMATION (INCLUDING PAYMENT) IS RECEIVED.

Name, address, phone numbers, and federal tax id (or SS#) of **party responsible for payment:**  
Name & organization      Address      Work phone      Home phone\*      Soc. sec. (required!)

\*Contact information for **responsible party**--including home phone and contact information during off-time for the duration of occupants' stays--is REQUIRED in case contact is necessary. Note that even when on vacation/etc., the responsible party is STILL responsible for occupants. If responsible party will not be available for contact during any part of occupant's stay, provide contact information for an alternate party who can make decisions on behalf of the responsible party.

Full name, address, phone number, and social security number of each person in your party:  
Name      Address      Phone number      Soc. sec. (required!)

- 1.
- 2.
- 3.
- 4.

Stay information for EACH PARTY:  
Arrival date(s)      Departure date(s)      # NIGHTS      # persons (and names)

Method of payment:  
\_\_\_prepayment by check (\$) (see rates on info sheet) (pay to "National Park Service", send to: Paul Krushelnycky, 3050 Maile Way, Gilmore 310, Honolulu, HI 96822)  
\_\_\_bill responsible party (NOTE: this option must have been PREARRANGED; otherwise, payment is due in advance)

Brief description of your project and how it relates to conservation biology on Haleakala (attach additional documentation or use back of sheet for continuation if necessary):

**Please return this information to:**  
Paul Krushelnycky, 3050 Maile Way, Gilmore 310, Honolulu, HI 96822  
krusheln@hotmail.com

I have read and I understand the HCBFS information (attached\*). (\*If you did not receive a copy, do not sign below. Contact the house manager and review the guidelines PRIOR TO RESERVATION REQUEST/OCCUPANCY. Sponsors are responsible for ensuring that EACH occupant has reviewed and agreed to the conditions of stay PRIOR TO CHECKIN.)

The HCBFS living guidelines seem reasonable, and I agree to abide by them during my stay.

The HCBFS living guidelines seem reasonable, I have reviewed them with each occupant, and I am comfortable that each occupant understands them.

\_\_\_\_\_  
(Signature of occupant)

\_\_\_\_\_  
(Signature of sponsor/supervisor)

\_\_\_\_\_  
(Signature of occupant)

\_\_\_\_\_  
(Signature of occupant)

\_\_\_\_\_  
(Signature of occupant)

\_\_\_\_\_  
(Signature of occupant)

\_\_\_\_\_  
(Signature of occupant)

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