

NO PANIC! GO ORGANIC!

REQUEST DETAILS

Purpose & Objectives of Visit/Speaker/Presentation:

Provide information on dates & times for your visit or presentation:

Day/Date(s): _____ Time: _____

Day/Date(s): _____ Time: _____

Total Number of Participants: _____ Age Range (youth groups only): _____

Information required for visits only:

of native Hawaiians _____ Age Range _____

Will you be eating lunch at MA'O? __ yes __ no

Contact Person/Group Coordinator: _____

Contact Information: Phone: _____ Email: _____

**Please fax (808-696-5569), e-mail (info@maoorganicfarms.org)
or mail (PO Box 441, Wai'anae, HI 96792) this form back to our office.
A college intern or staff member will be contacting you upon receiving this form.
Thanks for your interest in MA'O Organic Farms!**

Revised: 3/11/09

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For Office Use Only:

Requestor Name: _____ Date Received: _____ Status: accept decline Staff Initials: _____

MA'O Coordinator: _____ Interns Involved: _____