



Project Feed Hawaii Speaker Request Form

Contact: **Kaipo Cullen, Volunteer Coordinator**
Phone: **(808) 954-7869**
Fax: **(808) 954-7879**
Email: **volunteer@hawaiifoodbank.org**

Speaking Engagement Information

Date: _____ Time: _____
Requested by: _____ Request Date: _____
Phone: _____ Email: _____

Location of Speaking Engagement

School Name: _____
Address: _____ City, State, Zip Code: _____
Building, floor, room #, etc.: _____
Parking Information for speaker: _____
School Coordinator: _____
Phone: _____ Email: _____

Other Information

Number of people in audience: _____
Contact person at speaking engagement: _____
Phone: _____
Secondary contact (optional): _____
Phone: _____

Additional Requests:

**Please submit this form at least two weeks before the meeting date.
Fax (808) 954-7879, or email to volunteer@hawaiifoodbank.org.**