

KAUA'I MOKIHANA FESTIVAL
HAPA HAOLE HULA COMPETITION
SOLO APPLICATION FORM

Check one: Hotel _____ Business _____

Hotel/Business Name _____

Address _____

Phone _____ Email _____

Contact Person _____

Title of Song _____

Song Description _____

Outfit Description _____

Adornment Description _____

Name of Musical Group _____

Mail application to: Kauai Mokihana Festival P.O. Box 13 Kapaa, HI 96746
Contact: Nathan Kalama 822-2166