



Client Registration

MUST BE A HONOLULU COUNTY RESIDENT (PRINT CLEARLY)

If you plan to make programs on behalf of your organization or school, check here and then complete the "Organization" section on the other side.

<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS	First Name:	M.I.:	Last Name:	<input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> III
Street Address:			Home Phone:	
			Mobile Phone:	
City:		Bus. Phone:		Ext:
State:		Zip:		Fax:
Email:				
ID Type: <input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> School ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport				
ID # _____				
How did you hear about 'Olelo?				
<input type="checkbox"/> Word of Mouth/Friend <input type="checkbox"/> Watching Access channels <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio				
<input type="checkbox"/> TV <input type="checkbox"/> Internet <input type="checkbox"/> 'Olelo Staff Member <input type="checkbox"/> Other (please describe) _____				

Please check below the contact information 'Olelo can release to inquiring viewers and fellow 'Olelo producers for community television related business.

Home Phone <input type="checkbox"/>	Mobile Phone <input type="checkbox"/>	Business Phone <input type="checkbox"/>	Fax Number <input type="checkbox"/>	Email Address <input type="checkbox"/>	Street Address <input type="checkbox"/>
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By signing below, the Client named above agrees on behalf of himself/herself and the organization listed on the reverse side (if any) to abide by the policies outlined in the 'Olelo Community Media ("Olelo") Client Services Agreement as a condition for accessing 'Olelo Resources. These terms and conditions and the forms referenced herein are referred to as the "Agreement".

'Olelo may revise, amend, or modify this Agreement at any time by posting the revised version on the 'Olelo Web Site at www.olelo.org/forms The revised version will be effective and legally binding upon both Client and 'Olelo as of the effective date of the revision, which shall be no earlier than thirty (30) days after the posting date, unless a shorter time period is needed because the change is required in order for 'Olelo to comply with applicable laws or regulations. Any such change to the Agreement's terms and conditions shall automatically be incorporated by reference into your Agreement with 'Olelo. Your continued use of the 'Olelo Resources after the effective date of the revised version constitutes your acceptance of all of the revisions. If you do not agree to the revisions in the revised version, your sole and exclusive remedy will be to terminate your use of the 'Olelo Resources.

I have reviewed the information above and verify that it is correct.

Client Signature **Date:** _____

Parent/Guardian/Teacher Signature (if client is under 18 years of age) **Date:** _____

Parent/Guardian/Teacher Print Full Name

Client ID # _____	MSC _____	Date _____	Staff Initials _____
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DEMOGRAPHICS (OPTIONAL)

The information provided below is for statistical purposes only, and will be kept confidential. Demographic information helps 'Ōlelo measure its success in achieving its mission "To strengthen our island voices and advance community engagement through innovative media."

Gender:

- Male
 Female

Date of Birth: ___/___/___
(Required for those under 18 years of age)

Age: less than 18 18-25 26-34
 35-44 45-54 55-65
older than 65

Ethnic Group: African-American Caucasian Chinese English Filipino
 Hawaiian/Part Hawaiian Hispanic Japanese Korean
 Micronesian Native American (Indian, Alaskan) Portuguese Samoan
 Other (specify) _____

Income Range: under \$25,000 \$25,000 - \$34,999 \$35,000 - \$49,999
 \$50,000 - \$74,999 \$75,000 and above

Primary Language: Please Specify _____

How often do you watch Access? Weekly Monthly Never

Is your household a cable subscriber? Yes No

Highest Education Attained: Less than high school High school graduate
 Some college College graduate Post-graduate

ORGANIZATION: *If you are representing an organization, please fill out the following*

Name of Organization:

Type of Organization: Athletics Charitable Civic Leagues Culture & the Arts
 Educational Environmental Health and Human Services Religious
 State Agency City & County Other _____

Address:

City/State/Zip

Phone Number:

Fax Number:

Website address:

Email Address:

Executive Director or Primary Contact Name and position: