Hoʻike Oli

APPLICATION

(Deadline May 11, Year of Event)

Chanter Information:

Chanters's Full Name	:	
Name of hālau, pa, hu	i, etc.:	
Name of Kumu:		
Moku:		
(D	istrict and Island represe	enting)
Date of Birth:	Age:	Sex: F / M
	Youth 14 to 17 Adult Beginners Adult Advanced	
Note: see Presentation	Criteria for category de	efinitions.
Mailing Address:		
City:	State:	Zip:
Phone: Hm.	_ Bus	
Cell. E-Mail:		_

Oli Information:	
Title of Oli:	
Composer (if known):	_
Date of Composition:	
(if known)	_
Oli style to be used:	

Please provide us with an explanation of your costume, accessories, adornments, colors, significance if any, etc.

Please provide us with the words of your oli in Hawaiian and in English (translation). Also provide us with a brief narrative of your oli including kaona if any. Note: Please utilize appropriate accent marks, i.e., kahakō and 'okina. If this is to be mailed in please type out.

Submit Information:

Please complete application, print, and mail to:

Pua Ishibashi, Event Coordinator 691 Ainako Avenue Hilo, HI 96720

Remember, your application will not be complete with out your oli translation and narrative.

For information/questions please contact Pua at: Pua@KamehamehaFestival.org