

INTERFAITH ROUNDTABLE OF KAUAI
P.O. Box 1442, Kapa`a, HI
www.InterfaithRoundtableofKauai.org

Member Links Page Request Form

Name of person submitting request Phone number Date submitted

Organization name and address Principal or Authorized Agent

Phone number of Principal

Website Link Address

http://www. _____

Description (2-3 sentences)

Yes, I will send over a logo

Yes, I will include a reciprocal link

Email address: _____

(for notification and/or changes regarding this request)

Printed Name

Signature of Principal or Authorized Agent

Date request received _____ Date completed _____ Completed by _____