



Hawaii's Plantation Village

2024 MINI BON DANCE WORKSHOPS

Participants in the Mini Bon Dance Workshops will learn various bon dances that are done throughout Oahu. Bon dance groups will lead a 45–60-minute session covering dances that will be done at HPV's 34th Annual O-Bon Celebration on June 1, 2024. Space is limited and will be filled on a first come first serve basis.

Fee (payable to HPV): \$8 per session for non-HPV members
\$5 per session for HPV members or members of participating bon dance groups

Registration Deadline: Wednesday, May 8, 2024

Please cut and return to: Hawaii's Plantation Village, 94-695 Waipahu St., Waipahu, HI 96797 Attn: Derrick Iwata

MINI BON DANCE WORKSHOP REGISTRATION FORM

I want to attend the following Saturday session(s):

Saturday, May 11, 2024

- _____ 1:00 p.m. session led by Senwa Kai
- _____ 2:15 p.m. session led by the Waipahu Soto Mission Bon Dance Class

Saturday, May 18, 2024

- _____ 10:30 a.m. session led by Iwakuni Odori Aiko Kai
- _____ 12:30 p.m. session led by Koolau Sakura Odori Kai
- _____ 1:45 p.m. session led by Hawaii Shin Kobu Kai

Saturday, May 25, 2024

- _____ 1:00 p.m. session led by the Haleiwa Bon Dance Club
- _____ 2:15 p.m. session led by the Wahiawa Hongwanji Bon Dance Team
- _____ 3:30 p.m. session led by the Oahu District Bon Dance Club

I would like to purchase a Hawaii's Plantation Village bon dance towel. Quantity: _____ (\$8/towel)

Total Number of Workshops Attending _____ **Total Amount of Payment Enclosed** _____

- HPV Individual or Senior members receive discount on one reservation. Family or Family Plus members receive discount on two reservations.
- Members of participating groups for the 33rd Annual O-Bon Celebration receive discount on one reservation.
- HPV will confirm your reservation within two weeks of receiving your payment.
- Cancellation prior to 72 hours notice will be reimbursed in full.

Are you a Hawaii's Plantation Village member? Yes No

Name of bon dance group I belong to (for discount): _____

Name: _____

Address: _____

Phone: (D) _____ (E) _____

Email: _____

Form of Payment: Check enclosed
 VISA MC

Card #: _____

Expiration: _____ CVV: _____

Billing zip code: _____

Signature: _____