

July 15, 2025

Re: 2025 Kalihi Business Association and FAF Holiday Parade

Aloha Friends:

Get ready for the 2025 **Kalihi Business Association and FAF Holiday Parade**. This year marks the 76th year of this great event. The parade kicks off the holiday season in Kalihi and is a highlight for many keiki, residents, businesses and organizations in the community.

For this year, we will follow the same parade route as 2024 to avoid the construction on Dillingham. We will also be having the **Kalihi-Kapālama Pā'ina** at Kapālama Elementary school with entertainment, food, community booths, and games for the Keiki.

The parade is official and will be kicked off:

Parade Date: Friday November 28, 2025 (Black Friday)

Parade Time: 6:00 pm – 7:00 pm. (approx.)

Parade Route: See attached for route.

Information for the Kalihi-Kapālama Pā'ina will be sent separately.

If you, your group, organization, or company is interest in entering a float, marching unit, band, hula halau, or car club in the parade, please use the enclosed form to enter. Please complete your application by **October 15, 2025**. **Space will be limited to 30 registrants. Only groups who have submitted complete Registration packets will be allowed to participate.** For all completed and accepted registration packets, a confirmation will be provided.

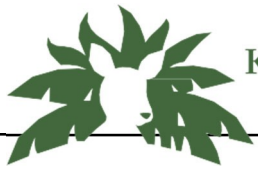
If you have any questions, please contact us at info@kalihibusinessassociation.org or parade@kalihibusinessassociation.org.

Mahalo for your consideration.

Michael Anduha, President
Kalihi Business Association

Dana Yap, Vice President, Parade Chair
Kalihi Business Association

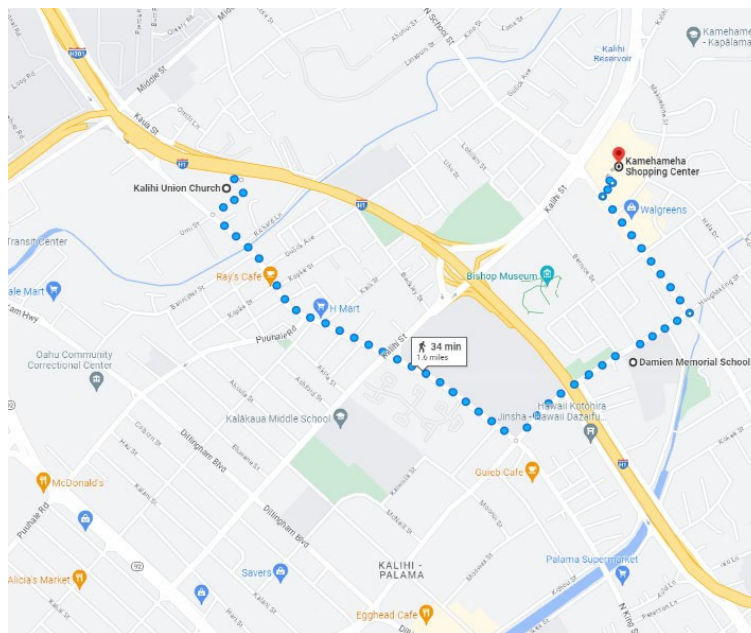
Randeatte McEnroe, 1st Vice President
FAF



Kalihi Business Association and FACF Holiday Parade

Friday November 28, 2025 (Black Friday), 6:00 pm – 7:00

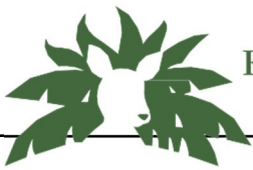
pm. Route: Start at Kalihi Union Church (2214 N King Street), continue along King Street pass Farrington High School, turn left at Houghtaling Street and head mauka, turn left at School Street and head ewa, end at Kamehameha Shopping Center.



Kalihi-Kapālama Pā'ina

Kapālama Elementary School grounds 5:00 pm – 8:00 pm





DONATION --- SPONSORSHIP FORM

Here is my gift to the Kalihi Business Association and FACP 2025 Holiday Parade.

Your donation makes a tremendous difference. Please fill out this form (this form is fillable) and email to: info@kalihibusinessassociation.org

Please send check payable to: Kalihi Business Association and mail to:

Kalihi Business Association
PO Box 17729
Honolulu, Hawaii 96817

Contact Information

Company Name _____

Address _____

City _____ State _____ Zip code _____

Contact Person Name _____

Contact Person Email _____ Phone Number _____

Donation Information

☐ I want to support the Kalihi Business Association and FACP Holiday Parade with a donation of:

☐ \$500 ☐ \$1000 ☐ \$1,500 ☐ Other: _____

☐ I want to be a sponsor of the Kalihi Business Association and FACP Holiday Parade with a sponsorship of:

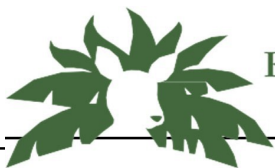
☐ \$2,500 Sponsorship will include company logo on all parade related flyers, invitations, and other print material. Sponsorship logo will also be included on parade banners and signage where applicable.

☐ \$4,000 Sponsorship will include all items listed above plus:
Company logo on all **Kalihi-Kapālama Pā'ina** related flyers, invitations, and other print material. Sponsorship logo will also be included on signage where applicable.

☐ I want to help the parade by

☐ Sponsoring a float or dignitary vehicle ☐ Volunteer firm's services

☐ I would like to join the Kalihi Business Association. Please send me info.



Please complete #1-6 below and sign your legal signature in the space provided. Space will be limited to 30 Registrants.

Deadline: Please email this form on or before October 15, 2025 to parade@kalihibusinessassociation.org

1. ☐ Yes, we wish to participate ☐ No, unable to participate ☐ Delete me from your contact list

Organization Name: _____

Physical Address: _____

2. Primary Contact

Name: _____

Email: _____ Phone: _____ Best time to call: _____

Secondary Contact

Name: _____

Email: _____ Phone: _____ Best time to call: _____

3. Describe your float or group unit – *Please check ONE below that best describes your group:*

☐ Marching – Number of marchers _____

☐ Vehicle /Marching – Specify float size _____ Number of marchers _____ Number of Vehicles _____

☐ Vehicle Float (limit of 4) – Specify float size _____ Number of Vehicles _____

☐ Marching Band – Band size: _____ (participants)

☐ Dignitary (check one)

☐

Politician

☐

Celebrity

☐

Beauty Contestant

☐

Costume

☐

Character

Name/ Titles _____

☐

Walking

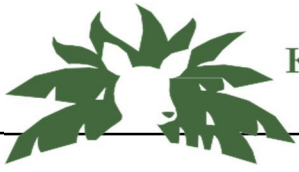
☐

Riding vehicle (provided by self)

☐

Riding vehicle (need KBA to provide)

Provide a brief narration of your group:



4. Music – Will your group be providing music as part of your float/marching unit? ☐ Yes ☐ No

If Yes, what type of music will be played? (For example: from speakers, live, etc.) _____

5. Giveaways – Will your group be passing anything out? ☐ Yes ☐ No

If yes, please specify what you are planning to give away. **All giveaways are subject to prior approval.**

6. **Agreement** – Please read and sign your complete legal signature below:

The group named below and all its representatives, and members of the group have agreed to participate in the Kalihi Business Association (KBA) and FACF Holiday Parade on Friday November 28, 2025. As a condition,, precedent to my participation, I indemnify and hold you harmless against any and all claims, liability, damage, and expense which might incur in connection with or arising out of my participation in the parade, including involved with or watching the parade, caused by me.

In consideration of allowing my participation, I hereby agree that I will indemnify and hold you harmless against any and all referred to above including, but not limited to, all costs and reasonable attorney's fees that might be incurred by you in connection herewith or arising therefrom.

I agree that in the event any such liability or damage is asserted, that is cause by me, I will upon tender by you, undertake and assume the defense of all such allegations and claims through an attorney or attorney(s) approved in advance by you, and the fees and costs of said attorney(s) and defense shall be paid currently by me.

I HAVE READ AND AGREE TO THE ABOVE STATEMENT.

Signature: _____

Date: _____

Print Name and Title: (if any): _____

For Organization / Group Name: _____