



Kūnīhi Ka Mauna

Hawaiian Studies Kupuna Conference
Wailua, Kaua'i Hawai'i
June 11-14, 2007

Ano`ai kealoha a welina mai nei. Welcome to the third round in our series of annual statewide Hawaiian Studies kupuna conferences. A decade ago in 1997 the first summer training planned by the host kupuna was held in Koke`e and Ha`ena. The second in 2002 was held at Waimea on the Westside. Now, we turn our focus to Wailua in the East.

Wailuanuiahoano, an ancient name, where the ali`ii were born, lived and are buried. Kunihi ka mauna, begins an old chant, the mountain Wai`ale`ale stands majestic in the calm. From this steep mountain all the ka wai ola, the life giving waters, of Kaua'i flow to the sea. Join us as we share the sacred places, stories, mele and hula of Wailua.

This year's conference is once again hosted by *Ho`oulu Ke Ola O Na Pua*, the Kaua`i Hawaiian Studies kupuna, with support from the Department of Education, Garden Island RC&D, Inc., and Hawai`i Tourism Authority.

Dates: June 11-14, 2007

Place: Aloha Beach Resort, Wailua, Kaua`i

Cost: **\$350**, plus gratuities for DOE Hawaiian Studies kupuna (airfare not included)

Arrive Lihu`e by 2pm, Monday, June 11

Depart Lihu`e after 10am, Thursday, June 14

This summer training conference for Hawaiian Studies kupuna will meet Hawai`i Content and Performance Standards with emphasis on Social Studies, Language, Health, Science and Fine Arts. An array of Na Mea Hawai`i hands-on workshops and activities geared to various energy levels is planned from a rigorous hike to lauhala weaving.

Purchase orders or checks payable to:

Garden Island RC&D, Inc.
3083 `Akahi Street, Suite 204
Lihu`e, Kaua`i Hawai`i 96766

State Vendor No. 114634
Phone: 808/246-0091, Fax: 808/246-1719
Email: gircd1@yahoo.com

Me Kealoha Pumehana,
Sabra Kauka
Conference Director
Email: sabrakauka@aol.com
Phone: 808/246-8899



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Registration & Health Form
DUE MARCH 9, 2007

Date _____

Name _____

Title _____

School _____

Grades _____

School Address _____

School Phone _____

Fax _____

Home Address _____

Home Phone _____

Email _____

Health / Emergency Information / Waiver

Emergency Contact

Name _____ Relationship _____

Home/Work Phone _____ Cell Phone _____

Name of Medical Coverage _____ Policy # _____

Primary Physician _____ Phone _____

List medical conditions we should be aware of _____

List prescribed medications _____

Dose _____ Frequency _____ Special Diet _____

Allergies _____ Other _____

By signing below I give my consent to the conference organizers to take appropriate action for my safety and welfare. I give permission for the nearest physician or medical facility to provide any necessary medical attention. And I waive any and all claims against Garden Island RC&D, Inc. Ho`oulu Ke Ola O Na Pua, Department of Education, Aloha Beach Resort and all those affiliated with this conference.

Signature

Mail To:
Garden Island RC&D, Inc.
3083 Akahi St., Suite 204
Lihu'e HI 96766

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