

APPLICATION FOR USE

Revd. by: \_\_\_\_\_

Initial

WARRIORS HALL AUDITORIUM

Date of Application: \_\_\_\_\_

**NOTE: *Total Scheduled time to include set-up and take down. (RESPONSIBILITY OF LESSEE)***

Date of Event: \_\_\_\_\_

Hours – Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

Contact Person: (please print) \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Night/cell \_\_\_\_\_ Fax \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of use: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ (200 maximum) Type of decorations to be used: \_\_\_\_\_

Will food be brought into the building? \_\_\_\_\_ (**hors d'oeuvres only**)

Will alcoholic beverages be served? \_\_\_\_\_ (Additional deposit may be required)

**COOKING/FOOD SERVICE FACILITIES**  
**NOT AVAILABLE**

Equipment needed:

\_\_\_\_\_ Rectangle tables (2 available) \_\_\_\_\_ Chairs (200 available) \_\_\_\_\_ In house sound system

“I have read the attached ‘Indemnification and Hold Harmless Agreement’ and the attached Regulations for use of the Warriors Hall Auditorium and agree to all terms and conditions.” Insurance requirements as stated in facility regulations will be met.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Do Not Write Below – For Staff Use Only

Building Use fee \$ \_\_\_\_\_

Total add-on fees \$ \_\_\_\_\_

Damage Deposit \_\_\_\_\_

Total Charge \_\_\_\_\_

Deposit Paid \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

Balance Due \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional fees:** \_\_\_\_\_  
\_\_\_\_\_

Insurance Certificate

Applicant

Staff please check off on these items.