M.S.D. of Warren County
Ura Seeger Memorial Auditorium
Facility Use Application

M.S.D. of Warren County is agreeing to use of the facilities. Corporation insurance will not apply to injuries and/or damages to property. Individuals and organizations requesting use of the facilities assume complete responsibility in these areas.

CURRENT DATE: _____

DATE of EVENT: _____ TIME of EVENT: _____

ORGANIZATION MAKING REQUEST: _____

CONTACT:

NAME: _____ TELEPHONE NUMBER _____

FAX: _____ E-MAIL: _____

PURPOSE OF EVENT (describe fully): _____

_____

SPECIFIC NEEDS/AREAS: _____

- ☐ *I have read and agree to the terms set forth in the Ura Seeger Memorial Auditorium Facility Use Agreement.*
- ☐ *I have provided a W9 to MSD of Warren County.*
- ☐ *I have paid the deposit for my event.*

SIGNATURE: _____

All requests should be returned to:
Ura Seeger Memorial Auditorium 1222 South ST. Rd 263, West Lebanon, IN 47991.
Attn. Ervin Collins

TO BE COMPLETED BY AUDITORIUM SUPERVISOR:

Approved: _____ or Denied: _____

Reason if Denied:

_____

_____

1. Request Form Signed by Requesting Organization (individual in charge): _____
2. Calendar Clearance: _____
3. Rental Fee Amount:(Including Cleaning Fee of $500) _____
4. Sound/Lighting Equipment Needed: _____
5. Custodial Service ($20 per hour, minimum of 4 hours): _____
6. W-9 Provided: _____
7. Insurance Certificate Required*: _____
8. Additional Restrictions/Instructions:

_____

_____

ESTIMATED COST*: _____

*Proof of Insurance and Estimated Cost payment must be made prior to event. Additional charges may be applied after event for extra time worked at event or cleaning of the facilities.

PRE-EVENT PLANNING MEETING DATE: _____

_____ _____

Auditorium Supervisor Date