

MISSISSIPPI BASKETBALL & ATHLETICS

APPLICATION FOR USE OF MBA FACILITIES

FOOTBALL FIELD

Independent Contractor C	Company's Name:			
Independent Contractor's				
Address:	City:	State:	_ Zip Code: _ <mark></mark>	
Independent Contractor a	grees to pay the sum o	of \$		
Independent Contractor a	grees to pay deposit \$			
Independent Contractor	agrees to pay 100% o	f total amount due	as non-refundable a	leposit to reserve the
date/time at MBA.				
New customer: Yes / N	o (How many times e	each year?)		
Is background check of cu	ustomer required? Yes	s / No		
If yes, customer signature	:	and bac	kground check form	needs to be completed
by customer.				
Name of Event:				
Brief Description:				
Date of Event:				
Day of Event:				
Time of Event:				
Audience: 🗆 Public 🛛 I	Private			
Number of teams or indiv	iduals participating in	the event:	_	
Expected spectator attend	ance:			

NOTE: DO NOT ADVERTISE EVENT UNTIL THIS EVENT HAS BEEN APPROVED.

Note: In addition to this form, you may be required to complete additional form(s) and provide a certificate of insurance for a minimum of \$1 million general liability insurance and list Mississippi Basketball and Athletics, 2240 Westbrook Rd., Jackson, MS 39211, as an additional insured and as the certificate holder.

Contractor Expenses: FOOTBALL FIELD

** Mandatory

Total cost to use field : \$	
Day of week: # of hours needed:	Cost:
Entrance or Gate fee charged: Yes / No	Cost for entrance: \$
% or amount given to MB	A for each entrance: \$
*** Security: Yes / No Cost: \$	-
Referees: Yes / No	Cost: \$
** Special Event Janitorial Services: Yes /]	NoCost: \$
Parking lot attendant: Yes / No	Cost: \$
Trainer: Yes / No	Cost: \$
Ads/Marketing Materials: Yes / No	Cost: \$
Other (specify): Yes / No	Cost: \$
□ Approved	
Disapproved	
Recommendation(s):	
Board Member's Printed Name:	Date:
Board Member's Signature:	