

APPLICATION FOR USE OF MBA FACILITIES Basketball Courts

-	ontractor Company								
	ontractor's Name: _								
Address:	C	ity:	S	tate:	_ Zip Code: _				
Independent Co	ontractor agrees to p	pay the sum	of \$						
Independent Contractor agrees to pay deposit \$									
Independent Contractor agrees to pay 100% of total amount due as non-refundable deposit to reserve the date/time at MBA.									
Is background of	check of customer r	equired? Ye	es / No						
If yes, customer signature: and background check form needs to									
be completed by customer.									
Name of Event	: <mark></mark>								
	 ion:								
	OII								
-									
		_							
	ablic ☐ Private	4:-:4:	41						
	ns or individuals pa		n tne event	·	_				
Expected spectator attendance:									

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:

** Mandatory

Are basketball court(s) needed? Yes / No						
If yes, total cost to use court(s): \$	<u> </u>					
Day of week: # of court(s) needed	l: # of hours needed:	Cost:				
Day of week: # of court(s) needed:	# of hours needed:	Cost:				
Day of week: # of court(s) needed:	# of hours needed:	_ Cost:				
Glass (Registration Room) room: Yes / No	Cost: \$					
Downstairs large meeting room: Yes / No	Cost: \$					
Upstairs large meeting room: Yes / No	Cost: \$					
Male locker room: Yes / No	Cost: \$					
Female locker room: Yes / No	Cost: \$					
Entrance or Gate fee charged: Yes / No	Cost for entrance: \$					
% or amount given to MB	A for each entrance: \$					
*** Security: Yes / No (Mandatory during l	PM hours) Cost: \$					
Referees: Yes / No	Cost: \$					
Scoreboard Keeper: Yes / No	Cost: \$					
Scoreboard Operator: Yes / No	Cost: \$					
** Special Event Janitorial Services: Yes / I	NoCost: \$					
Parking lot attendant: Yes / No	Cost: \$					
Trainer: Yes / No	Cost: \$					
Trophies/Medal/Awards: Yes / No	Cost: \$					
Ads/Marketing Materials: Yes / No	Cost: \$					
Other (specify): Yes / No	Cost: \$					
□ Approved						
□ Disapproved						
Recommendation(s):						
Board Member's Printed Name:	Date:					