



## APPLICATION FOR USE OF MBA FACILITIES

Independent Contractor Company's Name: \_\_\_\_\_

Independent Contractor's Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Independent Contractor agrees to 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.***

New customer: Yes / No (How many times each year?) \_\_\_\_\_

Is background check of customer required? Yes / No

If yes, customer signature: \_\_\_\_\_ and background check form needs to be completed by customer.

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Name of Event: \_\_\_\_\_

Brief Description: \_\_\_\_\_

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

Day of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Audience:  Public  Private

Number of teams or individuals participating in the 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.

