

**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:

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1. Request Form Signed by Requesting Organization (individual in charge): \_\_\_\_\_

2. Calendar Clearance: \_\_\_\_\_

3. Rental Fee Amount: \_\_\_\_\_

4. Sound/Lighting Equipment Needed: \_\_\_\_\_

5. Custodial Help Needed (\$20 per hour, minimum of 4 hours): \_\_\_\_\_

6. W-9 Provided: \_\_\_\_\_

7. Insurance Certificate Required\*: \_\_\_\_\_

8. Additional Restrictions/Instructions:

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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