

**Kamiakin  
High School  
Auditorium**

**APPLICATION FOR USE**  
**Polly Malone, Auditorium Manager**  
585-3226 • Phone • 585-3108 Fax • Polly.Malone@ksd.org  
Emergency – Notify John Mutch 539-4609

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Person Responsible for Facility Use \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Description and Purpose of Event \_\_\_\_\_

Estimated number of persons to be accommodated in the Auditorium \_\_\_\_\_

Time of Event \_\_\_\_\_ Admission Rate \_\_\_\_\_ Collection Taken?  Yes  No

Time for Main Doors to Open to the Public \_\_\_\_\_

**Equipment Needs**

- |                                                |                                         |                                         |                                        |
|------------------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Public Address System | <input type="checkbox"/> Stage Monitors | <input type="checkbox"/> Stage Lighting | <input type="checkbox"/> Spotlight     |
| <input type="checkbox"/> Video Projector       | <input type="checkbox"/> CD Recorder    | <input type="checkbox"/> VCR/DVD        | <input type="checkbox"/> Podium        |
| <input type="checkbox"/> Acoustic Shells       | <input type="checkbox"/> Platforms      | <input type="checkbox"/> Choral Risers  | <input type="checkbox"/> Tables/Chairs |
| <input type="checkbox"/> Grand Piano           | <input type="checkbox"/> Upright Piano  | <input type="checkbox"/> Green Room     |                                        |

Other provisions or arrangements \_\_\_\_\_

*I, the undersigned, have read and understand fully the rules and regulations associated with facility use as described on the back or attached to this form. I also understand and agree to pay fully all charges associated with such use within ten (10) days of receipt of invoice from the Kennewick School District.*

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Application Approved  Evidence of Liability Insurance Received

Application Denied

Auditorium Manager \_\_\_\_\_ Date \_\_\_\_\_