

**Southridge
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 _____ Event 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 _____