



FOR DISTRICT USE ONLY:
Base Charge for Auditorium _____
Additional Space Charge _____
Additional Staffing Charge _____
Other Charges _____

**Application for use of the
Etta Dozier Beauchamp Auditorium
Amory High School 1006 Sam Haskell Circle Amory, Mississippi 38821**

Date(s) Requested for Use _____
Name and Address of Organization _____

Phone: _____
Name and Position of Person Making Application _____

Address of Applicant _____
Phone Number(s) of Applicant _____
State Reason for Requesting Use of the Auditorium _____

Opening Time _____
Closing Time _____
Name and Phone Number of Person Supervising _____

Estimated Number of Participants:
Adults _____
Children _____

	Yes	No
Will Admission Be Charged?	<input type="checkbox"/>	<input type="checkbox"/>
Will Funds Be Solicited?	<input type="checkbox"/>	<input type="checkbox"/>
Will Merchandise Be Sold?	<input type="checkbox"/>	<input type="checkbox"/>
I have attached/provided a Certificate of Insurance.	<input type="checkbox"/>	<input type="checkbox"/>

A 25% deposit of anticipated fees is due at the time application is made.

_____ Signature of Applicant	_____ Date
_____ Auditorium Manager Approval	_____ Date
_____ Superintendent's Approval	_____ Date