

**Soldiers Memorial Sports Arena (SMSA) Use Application – Special Events**

Facility Address: 416 24<sup>th</sup> Street / Butner, NC 27509

Date: \_\_\_\_\_

**Team Information**

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Age(s): \_\_\_\_\_

Organization Location: \_\_\_\_\_ # of Adults Supervising: \_\_\_\_\_

Type (Circle one):    Banquet            Educational            Fundraiser            Party            Sales            Other

If Other, please explain: \_\_\_\_\_

Number of Courts Needed (Circle one):        1        2        3

Concessions Room Needed:                    Y        N

Concessions to be Sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fees Charged and Amount (Entry fee, parking fee, etc.): \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: Chewing gum is not an allowed concessions item. Frying of any kind and the use of hot plates are not permitted. Please see the Rules for a complete list of what is or is not allowed under your license agreement.**

**Applicant Information**

Name: \_\_\_\_\_

Organization affiliation (director, coach, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Refundable Deposit**

**Deposit Amount: \$250.00**

*The Town reserves the right to withhold a portion, if not all, of the deposit for violation of rules and if any of the following are present during the post-license period inspection.*

Gum (floors, bleachers, restrooms, etc.)

Spills Not Cleaned Up

Trash (not emptied or placed in dumpster)

Bathrooms Left Unclean

Damage to Bathrooms or Equipment

Damage to Building (interior or exterior)

Using Other Areas Without Permission

Other

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STAFF USE ONLY**

**Comments / Notes:**

Deposit: _____	Paid: Y N	Refund Deposit: Y N
Fee(s): _____	Paid: Y N	Violation(s): _____
Rules Signed: _____	Y N	_____
Certificate of Insurance Submitted: _____	Y N	_____
Minimum 2 References Submitted: _____	Y N	References Approved: Y N
Additional Fee(s): _____		
Additional Requirements: _____		
_____		
_____		
_____		

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_