

Vicksburg City Auditorium

Application for Complimentary Use

Please note: If you are not a City Department utilizing the facility for official City business, your event will require a certificate of insurance. There may also be additional costs (labor, cleanup, security, etc.) associated with your function. This will be determined prior to contracting the date/event.

Catered food is permitted in the Auditorium only if prepared and served by a licensed and insured caterer doing business in the State of Mississippi. An exception can be made if the user signs a waiver indemnifying and holding harmless the Board of Mayor and Aldermen and employees elected and appointed of the City of Vicksburg. Beer, wine and liquor must be controlled and dispensed only by a caterer with an off-premise liquor license.

Your request is subject to:

1. Date availability
2. Review by City of Vicksburg (Criteria of the Comp Use Policy set forth by the Mayor and Aldermen)
3. Signed approval by the Board of Mayor and Aldermen

The process must follow the above three steps before complimentary use is finalized.

Group/Organization Vicksburg Warren School District

Primary Contact Person Tracy Gordon

Address 910 Hwy 27

City Vicksburg State MS Zip 39180

Telephone (Day) (601) 415-6279 Fax Number (601) 631-2819

Date(s) Requested March 6, 7 + 8, 2018

Event Start Time(s) 7:30 Event End Time(s) 2:30

*Please attach a separate sheet if more space is required for date(s) and time(s)

Reason for usage (please give as much detail as possible)

Vicksburg Warren School District Science Fair

Tracy Gordon
Signature

10/26/17
Today's Date

Do NOT write below this line

(Signify approval with initials below)

____ Reviewed – Walter W. Osborne, Jr., City Clerk

Mayor Flagg _____ Alderman Mayfield _____ Alderman Thompson _____

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Your request is subject to:

1. *Date availability*
2. *Review by City of Vicksburg (Criteria of the Comp Use Policy set forth by the Mayor and Aldermen)*
3. *Signed approval by the Board of Mayor and Aldermen*

The process must follow the above three steps before complimentary use is finalized.

Group/Organization Vicksburg Warren School District

Primary Contact Person Tracy Gordon

Address 1500 Mission 66

City Vicksburg State MS Zip 39180

Telephone (Day) 601-638-1122 Fax Number _____

Date(s) Requested March 27, 2018

Event Start Time(s) 8:00 Event End Time(s) 10:00 PM

*Please attach a separate sheet if more space is required for date(s) and time(s)

Reason for usage (please give as much detail as possible)

Vicksburg Warren School District Honor Choir

Tracy Gordon
Signature

1/26/18
Today's Date

Do NOT write below this line

(Signify approval with initials below)

____ Reviewed – Walter W. Osborne, Jr., City Clerk

Mayor Flaggs _____ Alderman Mayfield _____ Alderman Monsour _____

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3. **Signed approval by the Board of Mayor and Aldermen**

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Group/Organization Vicksburg Warren School District

Primary Contact Person Tracy Gordon

Address 910 Hwy 27

City Vicksburg State MS Zip 39180

Telephone (Day) (601) 415-6279 Fax Number (601) 631-2819

Date(s) Requested April 13-14, 2018

Event Start Time(s) 3:00-6:00 Apr. 13, 2018 Event End Time(s) 7:30-1:30- Apr. 14, 2018

*Please attach a separate sheet if more space is required for date(s) and time(s)

Reason for usage (please give as much detail as possible)

Vicksburg Warren School District Athletic Physicals

Signature Tracy Gordon

10/26/17
Today's Date

Do NOT write below this line

(Signify approval with initials below)

Reviewed – Walter W. Osborne, Jr., City Clerk

Mayor Flaggs _____ Alderman Mayfield _____ Alderman Thompson _____

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Group/Organization Vicksburg Warren School District

Primary Contact Person Tracy Gordon

Address 910 Hwy 27

City Vicksburg State MS Zip 39180

Telephone (Day) (601) 415-6279 Fax Number (601) 631-2819

Date(s) Requested September 7, 2018

Event Start Time(s) 4:00 Event End Time(s) 10:00

*Please attach a separate sheet if more space is required for date(s) and time(s)

Reason for usage (please give as much detail as possible)

VWSD Hall of Fame (Athletic) Banquet

Tracy Gordon
Signature

3/21/17
Today's Date

Do NOT write below this line

(Signify approval with initials below)

____ Reviewed – Walter W. Osborne, Jr., City Clerk

Mayor Flaggs _____ Alderman Mayfield _____ Alderman Thompson _____

Vicksburg Warren School District

1500 Mission 66 • P. O. Box 820065

Vicksburg, Mississippi 39182

601/638-5122

FAX: 601/619-2338

Mr. Chad Shealy
Superintendent

January 26, 2018

Vicksburg City Auditorium
901 Monroe Street
Vicksburg, MS 39180

Dear Mayor and Aldermen:

The Vicksburg Warren School District is requesting your support of our students for the the use of the City Auditorium. We are requesting the auditorium rental fee to be waived for the following days:

March 6,7 & 8, 2018

March 27, 2018

April 13 & 14, 2018

September 7, 2018

These dates are requested to support the Vicksburg Warren School District

Science Fair, Honor Choir Performance, Athletic Physicals, and the Hall of Fame Banquet respectively. Students, parents, and the community will have the opportunity to view and participate in multiple academic and fine arts student competitions.

Your consideration of this request is most appreciated. Thank you for your continued support of our school community.

Best regards,

A handwritten signature in cursive script that reads "Chad Shealy". The signature is written in dark ink and is positioned below the typed name "Chad Shealy, Superintendent".

Chad Shealy, Superintendent