

MB/X APPLICATION FOR USE OF WALLER STADIUM

MB/X FOUNDATION
1097 AVIATION BLVD.
HERMOSA BEACH, CA 90254
Phone: 310-415-5827 Fax: 310-379-4523
ATTN: STADIUM MANAGEMENT

PURPOSE: _____

Will there be an admission charge, solicitation, donation, collection? YES____NO_____

NUMBER # OF PEOPLE EXPECTED: _____

SPECIAL EQUIPMENT / SERVICES REQUESTED: POSSIBLE CONFLICT WITH OTHER EVENTS:

Day(s)	Description of Use	Start Time	End Time	# of Hours

Name of Organization _____

Address of Organization _____

Telephone Number _____

Contact Name _____

Contact Telephone _____

Contact email address _____

Please provide Certificate of Insurance and Signed Standards of Care at Waller Stadium along with this application
