

Please submit this form and payment to:

Illinois High School Association LeAnna Mutchler 2715 McGraw Drive Bloomington, IL 61704

## APPLICATION FOR RENTAL

Location of Appearan	nce				
Shipping Address					
City		State	Z	Zip	
Contact Person		Contact Phone ()			
Date of Appearance	_/_/ Start	time:	End T	ime:	
Type of Event					
	PA	AYMENT	1		
Required fee: A flat the IHSA office in Bl week of the appearant the suit is received.	oomington. <b>If th</b>	e suit is not re	eceived in th	ne IHSA office wi	thin a
As a host for Add A.	Tude™ you agree	to the terms a	and conditio	ons, as well as the	e fee.
	The fee may be p	aid with checl	x or credit c	ard.	
Date// Che	ck Number:				
Circle one:	VISA	MASTER	CARD		
Credit Card Number		Exp Date:			
School Administrator				_ Date//_	
Sadd A Juda	Aligh School Association				
		For Office	e Use Only		

Date Shipped\_

Date Received\_