

APPLICATION AND AGREEMENT FOR
USE OF SEVASTOPOL PUBLIC SCHOOL FACILITIES

Please submit to the District Office (4550 Highway 57, Sturgeon Bay, WI 54235)

DATE OF APPLICATION: 2/28/19
APPLICANT'S NAME: Kim Loma
SPONSORING ORGANIZATION: Child Find
ACTIVITIES PLANNED (Be Specific and Detailed):
Developmental Pre School Screening - Child Find

DATE(S) REQUESTED: April 11, 2019
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multi-Purpose Room

STARTING TIME TO SETUP: 4/10 3:20-4:00 / 4/11 7:30 am TIME DOORS OPEN FOR PUBLIC: Same (4/11/19)

TIME EVENT ENDS: 3:30 pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: 4 pm

TOTAL HOURS: — FEE: \$ N/A

ESTIMATED ATTENDANCE: TBD

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>Chairs</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Tables</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In signing this application, the applicant agrees to be bound by the terms and conditions attached hereto which are made a part hereof.

NOTE: Please note that if a school-sponsored activity needs to be scheduled on the date(s) you have requested facility usage, the school-sponsored activity will take precedence and your activity will need to be relocated or rescheduled. We will do our best to accommodate you if this situation arises.

IF YOUR EVENT/ACTIVITY CANCELS, PLEASE NOTIFY THE DISTRICT OFFICE. (920-743-6282 EXT 101)

SIGNATURE OF APPLICANT: Kim Loma

ADDRESS: School

PHONE NUMBER(S): 920-~~6282~~ 743-6282 ext 1313

APPLICATION: APPROVED DENIED
SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 3/7/19

For School Use Only	
Date Received in District Office: <u>3-4-19</u>	<u>3/4 11:10</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	