

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: March 22, 2019
APPLICANT'S NAME: Melissa Mangrat
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed):

The staff will be viewing the ~~Edin~~ film Resilience

DATE(S) REQUESTED: April 15, 2019
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multipurpose Room

STARTING TIME TO SETUP: 3:00 TIME DOORS OPEN FOR PUBLIC: _____

TIME EVENT ENDS: 5:15 TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: _____

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

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: Melissa Mangrat

ADDRESS Sevastopol School

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 3/22/19

For School Use Only	
Date Received in District Office	<u>3-22-19</u> <u>gc</u> <u>3/22 2:23</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost =	_____