

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: 1-14-19  
APPLICANT'S NAME: Cara Hutchison  
SPONSORING ORGANIZATION: \_\_\_\_\_  
ACTIVITIES PLANNED (Be Specific and Detailed):

meeting place for art show participants  
to get on the bus

DATE(S) REQUESTED: 4-5-19  
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: mp room

STARTING TIME TO SETUP: 1:40 p TIME DOORS OPEN FOR PUBLIC: \_\_\_\_\_

TIME EVENT ENDS: 1:50 p TIME CLEANUP IS FINISHED AND DOORS LOCKED: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

ESTIMATED ATTENDANCE: 45-50

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>NA</u>	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: Cara Hutchison

ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

APPLICATION: APPROVED 2 DENIED \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 1/18/19

For School Use Only	
Date Received in District Office	<u>1-16-19</u> <u>[Signature]</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____