

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: 11/26
APPLICANT'S NAME: _____
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed):

Mike McGowan student assembly on raping

DATE(S) REQUESTED: 12/11/18
(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: 1:00 TIME DOORS OPEN FOR PUBLIC: 1:00

TIME EVENT ENDS: 3:15 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 3:15

TOTAL HOURS: _____ FEE:\$ _____

ESTIMATED ATTENDANCE: _____

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>Chairs</u>	Yes <input checked="" type="checkbox"/>	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: John Beus

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED LP DENIED _____
SUPERINTENDENT'S SIGNATURE [Signature] DATE: 11/28/18

For School Use Only	
Date Received in District Office <u>11-27-18</u> <u>[Signature]</u>	<u>11-27-18</u> <u>8:15</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	