APPLICATION AND AGREEMENT FOR USE OF SEVASTOPOL PUBLIC SCHOOL FACILITIES

Please submit (a minimum one week notice) to the District Office (4550 Highway 57, Sturgeon Bay, WI 54235)
DATE OF APPLICATION: 12-10-19
APPLICANT'S NAME: Brooke Tuncle
SPONSORING ORGANIZATION: Mighty Pioneers
ACTIVITIES FLANNED (be Specific and Detailed):
APPLICATION: Brooke Tancle SPONSORING ORGANIZATION: Mighty Pioneers ACTIVITIES PLANNED (Be Specific and Detailed): Clothing or der pick-up
DATE(S) REQUESTED: 12-12-1 4 (The earliest events will be considered for scheduling is three months prior to the requested date)
FACILITY (150) REQUESTED AND A LALE IN SECRETARING IS THE PROPERTY OF THE PEQUESTED AND A LALE IN SECRETARIAN AND A LALE I
FACILITY (IES) REQUESTED: Multi-purpose room
STARTING TIME TO SETUP: 2 30 EVENT BEGINS AT: 3 30
TIME EVENT ENDS: 5 30 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 6 00
TOTAL HOURS: 3 1/2 FEE:\$
ESTIMATED ATTENDANCE:
DO YOU NEED AN ADMINISTRATOR PRESENT FOR THE EVENT? IF SO, IS ONE AVAILABLE?
LIST EQUIPMENT NEEDED: DISTRICT WILL PROVIDE:
Yes No Yes No Yes No
YesNo
IF FURTHER SET UP IS NEEDED PLEASE EMAIL ROCH LAUTENBACH THE DETAILS (rlautenbach@sevastopol.k12.wi.us)
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.
F YOUR EVENT/ACTIVITY CANCELS, PLEASE NOTIFY THE DISTRICT OFFICE. (920-743-6282 EXT 1101)
SIGNATURE OF APPLICANT: Such faul
ADDRESS_School
PHONE NUMBER(S) School
APPLICATION: APPROVED APPROVED /
12/11/18
SUPERINTENDENT'S SIGNATURE DATE: DATE:
Date Received in District Office 12-10-19 12 10
Maintenance — Total Labor Hours =
Food Service — Total Labor Hours = Materials/Supplies Used & Cost: =