

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: 11-8-19  
APPLICANT'S NAME: Steph Ayer  
SPONSORING ORGANIZATION: 5th Grade  
ACTIVITIES PLANNED (Be Specific and Detailed):

Holiday Celebration

DATE(S) REQUESTED: 12-20-19  
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: MPR

STARTING TIME TO SETUP: 8:00 EVENT BEGINS AT: \_\_\_\_\_

TIME EVENT ENDS: 3:00 TIME CLEANUP IS FINISHED AND DOORS LOCKED: \_\_\_\_\_

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

ESTIMATED ATTENDANCE: \_\_\_\_\_

DO YOU NEED AN ADMINISTRATOR PRESENT FOR THE EVENT? IF SO, IS ONE AVAILABLE?

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

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.**

IF YOUR EVENT/ACTIVITY CANCELS, PLEASE NOTIFY THE DISTRICT OFFICE. (920-743-6282 EXT 1101)

SIGNATURE OF APPLICANT: Steph Ayer

ADDRESS \_\_\_\_\_

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

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

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 11/8/19

<i>For School Use Only</i>	
Date Received in District Office <u>11-8-19</u>	<u>11/8 3:03</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	