

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: 11-28-18

APPLICANT'S NAME: Dina Saunders

SPONSORING ORGANIZATION: ELL ACCESS testing

ACTIVITIES PLANNED (Be Specific and Detailed):

ACCESS testing for ELL students

DATE(S) REQUESTED: Tues/Thurs: Dec 4 + 6, ¹⁰ + 13, and 18 + 20
(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: 7:45 TIME DOORS OPEN FOR PUBLIC: _____

TIME EVENT ENDS: 3:15 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 3:30

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: 4 to 10 students at a time throughout the day

LIST EQUIPMENT NEEDED:	DISTRICT WILL PROVIDE:
<u>I will use tables + chairs that are in there. We mostly just need the space to separate students</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: Dina Saunders

ADDRESS: ELL room 103

PHONE NUMBER(S): _____

APPLICATION: APPROVED 2 DENIED _____

SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 11/30/18

For School Use Only	
Date Received in District Office <u>11-29-18</u> <u>[Signature]</u>	<u>11/29</u> <u>8:15</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	