

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: 12-2
APPLICANT'S NAME: Amey Lauterbach / Carrie Mulrain
SPONSORING ORGANIZATION: Multi Cultural Club
ACTIVITIES PLANNED (Be Specific and Detailed):

Parents Night Out babysitting

DATE(S) REQUESTED: 12-6-19
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: FACS Room (Tara LeClair)

STARTING TIME TO SETUP: 4pm TIME DOORS OPEN FOR PUBLIC: _____

TIME EVENT ENDS: 9pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 5 FEE:\$ _____

ESTIMATED ATTENDANCE: 25ish

LIST EQUIPMENT NEEDED:

DISTRICT WILL PROVIDE:

_____	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: Amey Lauterbach

ADDRESS: 4550 Hwy 57

PHONE NUMBER(S): 743-6282 x1105

APPLICATION: APPROVED 2 DENIED _____

SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 12/3/19

Date Received in District Office 12-3-19 gc For School Use Only 12-2
3:33

Maintenance — Total Labor Hours = _____
Food Service — Total Labor Hours = _____
Materials/Supplies Used & Cost: = _____