

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: 2/5/20
APPLICANT'S NAME: Melissa Mangrup
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed):

@ CogAT Testing (grades 3-10)

DATE(S) REQUESTED: 2/12 & 2/19
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multipurpose

STARTING TIME TO SETUP: 8 AM EVENT BEGINS AT: 8:15 AM

TIME EVENT ENDS: 10:40 AM TIME CLEANUP IS FINISHED AND DOORS LOCKED: 11:00 AM

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: _____

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

LIST EQUIPMENT NEEDED:	DISTRICT WILL PROVIDE:
<u>None</u>	Yes _____ 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: Melissa Mangrup

ADDRESS: School

PHONE NUMBER(S): _____

APPLICATION: APPROVED [Signature] DENIED _____
SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 2/5/20

For School Use Only	
Date Received in District Office	<u>2/11/20</u> <u>[Signature]</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____