

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: 10/30/19

APPLICANT'S NAME: Bridget Bowers

SPONSORING ORGANIZATION: _____

ACTIVITIES PLANNED (Be Specific and Detailed):

Nathan Hale's Author Visit

DATE(S) REQUESTED: Feb. 24 (PM) and Feb 25
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: M.P. Room

STARTING TIME TO SETUP: 2/24/19 12:00 EVENT BEGINS AT: 2/25/19 8:00 AM
TIME EVENT ENDS: 2/25/19 4:00 PM 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:

130 chairs

Yes ☒

Yes ☐

Yes ☐

DISTRICT WILL PROVIDE:

No ☐

No ☐

No ☐

I will set up the projector.

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: Bridget Bowers Carol Heit

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED ☒ DENIED ☐

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 10/31/19

Date Received in District Office 10-30-19 ge

10/30 3:31

Maintenance — Total Labor Hours = _____

Food Service — Total Labor Hours = _____

Materials/Supplies Used & Cost: = _____