

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: 1/23/2020
APPLICANT'S NAME: Melissa Manggraf
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed):

The Door County Partnership for Children and Family is facilitating a Parent Café.

DATE(S) REQUESTED: Feb. 25, 2020
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Cafeteria

STARTING TIME TO SETUP: 4:30 EVENT BEGINS AT: 5:00

TIME EVENT ENDS: 8:00 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 8:30

may be shorter.

TOTAL HOURS: 4 FEE: \$ none

ESTIMATED ATTENDANCE: _____

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

LIST EQUIPMENT NEEDED: none DISTRICT WILL PROVIDE:
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 Manggraf

ADDRESS: School

PHONE NUMBER(S): _____

APPLICATION: APPROVED [Signature] DENIED _____

SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 1/28/2020

Date Received in District Office 1-27-20 *For School Use Only*

1/27
11:35

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