

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: 1.13.2020
APPLICANT'S NAME: Melissa Margraf
SPONSORING ORGANIZATION: Community Program
ACTIVITIES PLANNED (Be Specific and Detailed):

SOUP, SOUP + MORE SOUP!

DATE(S) REQUESTED: 2/8/2020
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: FACE ROOM

STARTING TIME TO SETUP: 9:00am TIME DOORS OPEN FOR PUBLIC: 10:00am

TIME EVENT ENDS: 3:00pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: 4:00pm

TOTAL HOURS: — FEE: \$ —

ESTIMATED ATTENDANCE: —

LIST EQUIPMENT NEEDED:

DISTRICT WILL PROVIDE:

<u>Kitchen use</u>	Yes <u>—</u>	No <u>—</u>
	Yes <u>—</u>	No <u>—</u>
	Yes <u>—</u>	No <u>—</u>

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 Margraf / gm

ADDRESS Ext. 1111

PHONE NUMBER(S) —

APPLICATION: APPROVED 2 DENIED —

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 1/17/2020

For School Use Only	
Date Received in District Office	<u>1-15-20</u> <u>je</u> <u>1/15 10:51</u>
Maintenance — Total Labor Hours =	<u>—</u>
Food Service — Total Labor Hours =	<u>—</u>
Materials/Supplies Used & Cost: =	<u>—</u>