

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: Sept 4, 2019

APPLICANT'S NAME: Dale Carlson

SPONSORING ORGANIZATION: FFA

ACTIVITIES PLANNED (Be Specific and Detailed): FFA Concession stand will use consumer ed (FACE) room, tables, oven, microwave, utensils, and counters during home volleyball, Boys and girls basketball games.

DATE(S) REQUESTED: LOOK at volleyball and basketball schedule.
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Face room, hallway outside face room.

STARTING TIME TO SETUP: 4:30pm TIME DOORS OPEN FOR PUBLIC: 5:15pm

TIME EVENT ENDS: 9:30 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 10:00pm

TOTAL HOURS: 6 FEE: \$ _____

ESTIMATED ATTENDANCE: 125

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>Ovens, pans, tables</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

BBB	GBB
12-10	12-3
12-12	12-13
1-3	12-17
1-11	1-6
1-21	1-14
1-24	1-27
2-7	2-8
2-18	2-14
2-24	2-20

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: [Signature] 9/10/19

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED _____ DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: _____

Date Received in District Office	<u>9-10-19</u> <i>For School Use Only</i>	<u>9/10</u> <u>1:20</u>
Maintenance — Total Labor Hours =	_____	
Food Service — Total Labor Hours =	_____	
Materials/Supplies Used & Cost =	_____	

VB
9-12
10-1
10-8
10-15