

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: 10-13-2021
APPLICANT'S NAME: Tanya Hasenja
SPONSORING ORGANIZATION: Music Department
ACTIVITIES PLANNED (Be Specific and Detailed):

Short Halloween Concert

DATE(S) REQUESTED: Oct 26th
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Atrium + Carl Scholtz Rm

STARTING TIME TO SETUP: Oct 25 EVENT BEGINS AT: 11 am

TIME EVENT ENDS: 1:30 TIME CLEANUP IS FINISHED AND DOORS LOCKED: Oct 26

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: 75-100 ppl

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

LIST EQUIPMENT NEEDED:	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

IF FURTHER SET UP IS NEEDED PLEASE EMAIL DAN PETRINA THE DETAILS
(dpetrina@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: Tanya Hasenja

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED 2 DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 10/14/21

For School Use Only	
Date Received in District Office _____	<u>10/18/21</u> <u>[Signature]</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	