

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: 01-13-2020
APPLICANT'S NAME: Melissa Marggraf - Community Programs
SPONSORING ORGANIZATION: Sevastopol School
ACTIVITIES PLANNED (Be Specific and Detailed):

QUILTING

DATE(S) REQUESTED: Jan. 22, 29 Feb. 5, 12, 19, 26 March 4, 11, 18, 25 April 8
(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: 4:45pm TIME DOORS OPEN FOR PUBLIC: 5:00pm

TIME EVENT ENDS: 7:00 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 7:15pm

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: 12-14

LIST EQUIPMENT NEEDED:

DISTRICT WILL PROVIDE:

_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

IF FURTHER SET UP IS NEEDED PLEASE EMAIL ROCH LAUTENBACH THE DETAILS None
(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 Marggraf / SA

ADDRESS Ext. 1111

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____

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

For School Use Only	
Date Received in District Office <u>1-15-20</u>	<u>1/15 10:52</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	