

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: 2/19/20

APPLICANT'S NAME: BRAD RUSSELL

SPONSORING ORGANIZATION: DOOR COUNTY DRIVER EDUCATION

ACTIVITIES PLANNED (Be Specific and Detailed): WINTER 2021 CLASS

1/9, 1/16, 1/23, 1/30, 2/6 SATURDAYS - 9 am to 11 am

1/10, 1/17, 1/24, 1/31, 2/7 SUNDAYS - 1 pm to 3 pm

1/11, 1/18, 1/25, 2/1, 2/8 MONDAYS - 4 pm to 6 pm

DATE(S) REQUESTED: _____

(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: SEVASTOPOL HIGH SCHOOL ROOM 150

STARTING TIME TO SETUP: _____ EVENT BEGINS AT: *ARRIVE 30 MIN. PRIOR TO START

TIME EVENT ENDS: _____ TIME CLEANUP IS FINISHED AND DOORS LOCKED: *LEAVE 15 MIN AFTER CLASS

TOTAL HOURS: 30 FEE: \$ _____ * 30 HR DRIVER ED CLASS

ESTIMATED ATTENDANCE: 20 STUDENTS

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

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>ACCESS TO INTERNET</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<u>ABLE TO DISPLAY PPT SLIDES</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	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: Brad Russell

ADDRESS P.O. BOX 225, EPHRAIM, WI 54211

PHONE NUMBER(S) (319) 541-0835

APPLICATION: APPROVED 2 DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 2-25-2020

For School Use Only	
Date Received in District Office	<u>2-24-20</u> <u>[Signature]</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____

2/24
9:17