

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: 1-28-20
APPLICANT'S NAME: Jon Wiesner
SPONSORING ORGANIZATION: PE
ACTIVITIES PLANNED (Be Specific and Detailed):

Elem. PE
K K 4K
DATE(S) REQUESTED: Mon, Tues, Fri

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

FACILITY (IES) REQUESTED: MP Room

STARTING TIME TO SETUP: _____ EVENT BEGINS AT: 10:00

TIME EVENT ENDS: _____ TIME CLEANUP IS FINISHED AND DOORS LOCKED: 10:30

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: _____

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

| | | | | | |
|------------------------|-----------|----------|------------------------|-----------|----------|
| LIST EQUIPMENT NEEDED: | Yes _____ | No _____ | DISTRICT WILL PROVIDE: | Yes _____ | No _____ |
| _____ | Yes _____ | No _____ | _____ | Yes _____ | No _____ |
| _____ | Yes _____ | No _____ | _____ | 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 CANCEL, PLEASE NOTIFY THE DISTRICT OFFICE. (920-743-6282 EXT 1101)

SIGNATURE OF APPLICANT: [Signature]
ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____
SUPERINTENDENT'S SIGNATURE [Signature] DATE: 2/3/2020

| | | | |
|------------------------------------|---|--------------------|-----------------------------|
| Date Received in District Office | <u>1-29-20</u> <i>For School Use Only</i> | <u>[Signature]</u> | <u>1/29</u> <u>11:38</u> |
| Maintenance — Total Labor Hours = | _____ | | |
| Food Service — Total Labor Hours = | _____ | | |
| Materials/Supplies Used & Cost: = | _____ | | |