

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: 3/2/2020  
APPLICANT'S NAME: Sarah Brandt  
SPONSORING ORGANIZATION: Casino Night  
ACTIVITIES PLANNED (Be Specific and Detailed):

Parent mtg.

DATE(S) REQUESTED: 3/10/2020  
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: FACS Room

STARTING TIME TO SETUP: 5:45 EVENT BEGINS AT: 6:00

TIME EVENT ENDS: 7:30 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 7:30

TOTAL HOURS: 1 1/2 FEE: \$

ESTIMATED ATTENDANCE: 20-30

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

No

LIST EQUIPMENT NEEDED:

DISTRICT WILL PROVIDE:

_____	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 CANCELS, PLEASE NOTIFY THE DISTRICT OFFICE. (920-743-6282 EXT 1101)**

SIGNATURE OF APPLICANT: Sarah Brandt

ADDRESS 927 Quincy St. Sturgeon Bay

PHONE NUMBER(S) 920-495-0702

APPLICATION: APPROVED 2 DENIED

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 3/4/2020

Date Received in District Office 3-2-20 gc For School Use Only

3/2  
3:38

Maintenance — Total Labor Hours = \_\_\_\_\_  
Food Service — Total Labor Hours = \_\_\_\_\_  
Materials/Supplies Used & Cost: = \_\_\_\_\_