APPLICATION AND AGREEMENT FOR USE OF SEVASTOPOL PUBLIC SCHOOL FACILITIES

Please submit to the District Office (4550 Highway 57, Sturgeon Bay, WI 54235) March 15, 2019 DATE OF APPLICATION: APPLICANT'S NAME: School Special Education SPONSORING ORGANIZATION: ACTIVITIES PLANNED (Be Specific and Detailed): Wisconsin Forward Testing Separate Setting IEP Support. DATE(S) REQUESTED: 3/20, 3/20, 4/4, 4/10, FACILITY (IES) REQUESTED: Multi-Purpose Room STARTING TIME TO SETUP: See Attached TIME DOORS OPEN FOR PUBLIC: TIME EVENT ENDS: _____TIME CLEANUP IS FINISHED AND DOORS LOCKED:____ TOTAL HOURS: ____ FEE:\$____ ESTIMATED ATTENDANCE: _____ DISTRICT WILL PROVIDE: LIST EQUIPMENT NEEDED: 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 101) SIGNATURE OF APPLICANT: **ADDRESS** PHONE NUMBER(S)_ APPLICATION: SUPERINTENDENT'S SIGNATURE For School Use Only Date Received in District Office 3 -18-19 Maintenance — Total Labor Hours = Food Service - Total Labor Hours = Materials/Supplies Used & Cost: = ___