APPLICATION AND AGREEMENT FOR USE OF SEVASTOPOL PUBLIC SCHOOL FACILITIES

Please submit to the District Office (4550 Highway 57, Sturgeon Bay, WI 54235) DATE OF APPLICATION: APPLICANT'S NAME: we deadline DATE(S) REQUESTED: (The earliest events will be considered for scheduling is three months prior to the requested date) FACILITY (IES) REQUESTED: _ STARTING TIME TO SETUP: TIME DOORS OPEN FOR PUBLIC: TIME CLEANUP IS FINISHED AND DOORS LOCKED:____ TIME EVENT ENDS: 1 TOTAL HOURS:_____FEE:\$ 105 Inden 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 PHONE NUMBER(S) APPROVED C APPLICATION: SUPERINTENDENT'S SIGNATU Date Received in District Office Maintenance — Total Labor Hours = Food Service — Total Labor Hours = _ Materials/Supplies Used & Cost: =