

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: 3/12/2021
APPLICANT'S NAME: Adam Baier / Sarah Brandt
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed):

Senior dinner & Casino night

* CASEY REQUESTS
THE MAP BE
RETURNED TO ITS
ORIGINAL SEATING
CONFIGURATION
AFTER THE EVENT.

DATE(S) REQUESTED: 5/14/2021
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multi purpose Room
Cafeteria

STARTING TIME TO SETUP: 12:30 PM 8 am TIME DOORS OPEN FOR PUBLIC: 6 pm

TIME EVENT ENDS: 12 am TIME CLEANUP IS FINISHED AND DOORS LOCKED: 1 am

TOTAL HOURS: 17 FEE: \$ _____

ESTIMATED ATTENDANCE: 44 students

LIST EQUIPMENT NEEDED:

<u>Tables</u>	Yes <u>✓</u>	No _____
<u>Chairs</u>	Yes <u>✓</u>	No _____
<u>Microphone</u>	Yes <u>✓</u>	No _____

DISTRICT WILL PROVIDE:

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: Sarah Brandt

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED ✓ DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 3/15/21

For School Use Only	
Date Received in District Office	<u>3-12-21</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____