

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: 5/10/19
APPLICANT'S NAME: Jerry Berkovetz / Amy Lauterbach
SPONSORING ORGANIZATION: DI
ACTIVITIES PLANNED (Be Specific and Detailed):

Instant Challenge Practice for DI

DATE(S) REQUESTED: 5/18/19
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multi Purpose Room & Cafeteria -
tables DO NOT need to be moved

STARTING TIME TO SETUP: 8:00am TIME DOORS OPEN FOR PUBLIC: _____
TIME EVENT ENDS: 3:00pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____
TOTAL HOURS: 7 FEE: \$ _____

ESTIMATED ATTENDANCE: 10

LIST EQUIPMENT NEEDED:	DISTRICT WILL PROVIDE:	
_____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

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: APPROVED [Signature] DENIED _____
SUPERINTENDENT'S SIGNATURE [Signature] DATE: 5/13/19

<i>For School Use Only</i>	
Date Received in District Office <u>5-10-19</u> <u>[Signature]</u>	<u>11:56</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	