

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: November 26, 2018
APPLICANT'S NAME: KATHY MARSHALL
SPONSORING ORGANIZATION: DI
ACTIVITIES PLANNED (Be Specific and Detailed):
DI TEAM MANAGER meeting

DATE(S) REQUESTED: November 28, 2018
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: multi-purpose room

STARTING TIME TO SETUP: _____ TIME DOORS OPEN FOR PUBLIC: 4:30pm

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

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: _____

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 2 DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 11/26/18

Date Received in District Office 11-26-18 *For School Use Only*

Maintenance — Total Labor Hours = _____

Food Service — Total Labor Hours = _____

Materials/Supplies Used & Cost: = _____