

APPLICATION AND AGREEMENT FOR
USE OF SEVASTOPOL PUBLIC SCHOOL FACILITIES

Please submit (a minimum one week notice) to the District Office (4550 Highway 57, Sturgeon Bay, WI 54235)

DATE OF APPLICATION: Monday, Nov. 4, 2019
APPLICANT'S NAME: Kathy Marshall
SPONSORING ORGANIZATION: Destination Imagination
ACTIVITIES PLANNED (Be Specific and Detailed): DI Meeting

DATE(S) REQUESTED: Thursday, Nov. 7, 2019
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Elementary IME

STARTING TIME TO SETUP: 3:20 EVENT BEGINS AT: 3:30

TIME EVENT ENDS: 5:30 TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 2 FEE: \$ _____

ESTIMATED ATTENDANCE: 10-8

DO YOU NEED AN ADMINISTRATOR PRESENT FOR THE EVENT? IF SO, IS ONE AVAILABLE?

LIST EQUIPMENT NEEDED:	Yes	No	DISTRICT WILL PROVIDE:	Yes	No
<u>Tables + chairs</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IF FURTHER SET UP IS NEEDED PLEASE EMAIL ROCH LAUTENBACH THE DETAILS
(rlautenbach@sevastopol.k12.wi.us)

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 1101)

SIGNATURE OF APPLICANT: Kathy Marshall

ADDRESS _____

PHONE NUMBER(S) (920) 562-7445

APPLICATION: APPROVED 2 DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 11/7/19

Date Received in District Office 11-6-19 AC For School Use Only

Maintenance — Total Labor Hours = _____
Food Service — Total Labor Hours = _____
Materials/Supplies Used & Cost: = _____

11-6-30
8:30