

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: 8/29/19
APPLICANT'S NAME: KIM LAMA - Child Screening Date
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed): _____

DATE(S) REQUESTED: 10-23-19
(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: 7:30 am TIME DOORS OPEN FOR PUBLIC: ~~8:00am~~ 8:00am

TIME EVENT ENDS: 5:00pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 8 FEE: \$ —

ESTIMATED ATTENDANCE: 16-20

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: Kim Lama / st

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____
SUPERINTENDENT'S SIGNATURE [Signature] DATE: 9/10/19

For School Use Only	
Date Received in District Office <u>9-4-19</u> <u>[Signature]</u>	<u>9/4 9:33</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	