

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: 10/4/19

APPLICANT'S NAME: MISSY Forny

SPONSORING ORGANIZATION: _____

ACTIVITIES PLANNED (Be Specific and Detailed):

Picture re-takes

DATE(S) REQUESTED: 10/25/19

(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: 7:30am

TIME DOORS OPEN FOR PUBLIC: _____

TIME EVENT ENDS: 12:00pm

TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 4 1/2

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: [Signature]

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION:

APPROVED X

DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature]

DATE: 10/9/19

Date Received in District Office 10-4-19

For School Use Only

Maintenance — Total Labor Hours = _____

Food Service — Total Labor Hours = _____

Materials/Supplies Used & Cost: = _____