

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: Jan 3rd 2020
APPLICANT'S NAME: Lynn Kotte
SPONSORING ORGANIZATION: Class of 2025
ACTIVITIES PLANNED (Be Specific and Detailed):

Middle School Dance

DATE(S) REQUESTED: Oct. 30th 2020
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: Multipurpose room

STARTING TIME TO SETUP: 3:30pm EVENT BEGINS AT: 7pm

TIME EVENT ENDS: 9pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: 9:45pm

TOTAL HOURS: ~6 FEE: \$

ESTIMATED ATTENDANCE: up to 80

YES

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

LIST EQUIPMENT NEEDED:

DISTRICT WILL PROVIDE:

| | | |
|-------|-----------|----------|
| _____ | Yes _____ | No _____ |
| _____ | Yes _____ | No _____ |
| _____ | Yes _____ | No _____ |

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: Lynn R. Kotte

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 1/13/2020

Date Received in District Office 1-9-20 [Signature] 11:50

Maintenance — Total Labor Hours = _____

Food Service — Total Labor Hours = _____

Materials/Supplies Used & Cost: = _____