

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: 9-9-2020
APPLICANT'S NAME: Melissa Marggraf
SPONSORING ORGANIZATION: SCHOOL MEETINGS
ACTIVITIES PLANNED (Be Specific and Detailed):

SPEL TEACHER MEETINGS

DATE(S) REQUESTED: 9-10-2020 ; 10-8-2020 ; 11-12-2020 ; 12-10-2020
(The earliest events will be considered for scheduling is three months prior to the requested date) 1-14-2020

FACILITY (IES) REQUESTED: Multi purpose room

STARTING TIME TO SETUP: 2:30pm EVENT BEGINS AT: 2:45pm

TIME EVENT ENDS: 3:45pm TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 1 FEE: \$ —

ESTIMATED ATTENDANCE: 10-12 monthly

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: Melissa Marggraf

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED X DENIED _____

SUPERINTENDENT'S SIGNATURE: [Signature] DATE: 9/10/20

For School Use Only	
Date Received in District Office	<u>9-9-20</u> <u>je</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____