

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: 9/10/2020
APPLICANT'S NAME: Bridget Bowers
SPONSORING ORGANIZATION: PTO
ACTIVITIES PLANNED (Be Specific and Detailed):

PTO Meeting

DATE(S) REQUESTED: 9/14/2020 and the 2nd Monday of each month.
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: HS IMC

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

TIME EVENT ENDS: 4:30 TIME CLEANUP IS FINISHED AND DOORS _____ LOCKED:

TOTAL HOURS: _____ FEE: \$ _____

ESTIMATED ATTENDANCE: _____

DO YOU NEED AN ADMINISTRATOR PRESENT FOR THE EVENT? IF SO, IS ONE AVAILABLE? NO

LIST EQUIPMENT NEEDED: _____ DISTRICT WILL PROVIDE: _____
Yes _____ No _____
Yes _____ No _____
Yes _____ No _____ None

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: Bridget Bowers

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED 2 DENIED _____ DATE: 9/11/2020

SUPERINTENDENT'S SIGNATURE _____ DATE: _____

For School Use Only
Date Received in District Office 9-10-2020
Maintenance — Total Labor Hours = _____
Food Service — Total Labor Hours = _____
Materials/Supplies Used & Cost: = _____