

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: September 4, 2019
APPLICANT'S NAME: Missy Romy
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed): Fire prevention presentation

DATE(S) REQUESTED: 9/18/19
(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: 8:00am TIME DOORS OPEN FOR PUBLIC: _____

TIME EVENT ENDS: 3:00 TIME CLEANUP IS FINISHED AND DOORS LOCKED: _____

TOTAL HOURS: 7 FEE: \$ _____

ESTIMATED ATTENDANCE: 300

LIST EQUIPMENT NEEDED: _____ DISTRICT WILL PROVIDE: _____

<u>TV, DVD player</u>	Yes <u>X</u>	No _____
<u>2 tables for equipment display</u>	Yes <u>X</u>	No _____
<u>Chairs for staff & students</u>	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: Missy Romy

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>9-6-19</u>	<u>9/6</u> <u>11:19</u>
Maintenance — Total Labor Hours = _____	
Food Service — Total Labor Hours = _____	
Materials/Supplies Used & Cost: = _____	