

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: 5/27/2020
APPLICANT'S NAME: Mary King
SPONSORING ORGANIZATION: _____
ACTIVITIES PLANNED (Be Specific and Detailed): _____

DATE(S) REQUESTED: 9/22/2020 + 9/23/2020
(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: 7:00am TIME DOORS OPEN FOR PUBLIC: n/a

TIME EVENT ENDS: 3:30 on 9/23/2020 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 3:30

TOTAL HOURS: 48 FEE: \$ _____

ESTIMATED ATTENDANCE: 600

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
<u>n/a</u>	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: Mary King

ADDRESS _____

PHONE NUMBER(S) _____

APPLICATION: APPROVED [Signature] DENIED _____

SUPERINTENDENT'S SIGNATURE [Signature] DATE: 6/2/2020

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