

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: Sept. 6 2019  
APPLICANT'S NAME: Kathy Marshall  
SPONSORING ORGANIZATION: Destination Imagination  
ACTIVITIES PLANNED (Be Specific and Detailed):

Parent & Student Orientation

DATE(S) REQUESTED: Sept. ~~17~~<sup>24</sup> & Sept. ~~18~~<sup>25</sup>  
(The earliest events will be considered for scheduling is three months prior to the requested date)

FACILITY (IES) REQUESTED: ~~Multi purpose~~ HS IMC

STARTING TIME TO SETUP: 6:00 TIME DOORS OPEN FOR PUBLIC: 6:30

TIME EVENT ENDS: 8:15 TIME CLEANUP IS FINISHED AND DOORS LOCKED: 8:30

TOTAL HOURS: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

ESTIMATED ATTENDANCE: 30+

LIST EQUIPMENT NEEDED:		DISTRICT WILL PROVIDE:
_____	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: Kathy Marshall

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>9-10-19</u> <u>[Signature]</u>
Maintenance — Total Labor Hours =	_____
Food Service — Total Labor Hours =	_____
Materials/Supplies Used & Cost: =	_____

9/10  
1:21