

Sevastopol School District Office 4550 State Highway 57 Sturgeon Bay, WI 54235 (920) 743-6282 Ext. 1101

APPLICATION FOR USE OF FACILITIES

SPECIFIC AREA REQUIRED:	Today's Date								
☐ Pioneer Room☐ Cafeteria	Name of Organization Applicant's Name								
☐ Kitchen									
☐ High School Gymnasium☐ Elementary Gymnasium	Purpose/Name of Activity								
☐ Classroom #									
□ FACS Room			<u> </u>			Room	Room	Time	T:
☐ Atrium ☐ Other: (List)	Dates Requested:	(X)	Month	Day	Year	Needed Start Time	Needed End Time	Time Event Begins	Time Event Ends
_ outer. (Liet)	Monday					711110	11110		
Equipment Needed: Chairs	Tuesday								
	Wednesday								
Tables	Thursday								
Other	Friday								
If further setup is required, email	Saturday								
Dan Petrina the details	Sunday								
(dpetrina@sevastopol.k12.wi.us)	For Continuing	Activ	vities: S	tarting	Date:		Ending	Date.	
accommodate you if this situation arises. In signing this application, the applicant agree IF YOUR EVENT/ACTIVITY CANCELS, SIGNATURE OF APPLICANT:	es to be bound by t	he te	rms and o	conditio			which are	made a p	art hereof.
ADDRESS:									
PHONE NUMBER:					_				
APPLICATION: APPROVED SUPERINTENDENT'S SIGNATURE:					_ D/	ATE:			
For School Use (Only								
Date Received in District Office: Date Applicant Notified: Facility Use Supervisor – Total Labor Hours = Maintenance – Total Labor Hours = Food Service – Total Labor Hours =			-						
Materials/Supplies Used & Cost =			_						