

**CITY OF MANITOWOC - DEPARTMENT OF PUBLIC INFRASTRUCTURE
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT**

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Spec. Oly.

Name of event: ~~GRANDSPORT GEN MEMORIAL TOURNAMENT~~ VB Practice

1. Name of club/organization making request MANITOWOC Co. MIRACLES Sp. OLYMPICS
 Address 1110 HAMILTON ST Telephone 920-374-8814

2. Names of club officers: Name Address Telephone
 President ANNETTE WUELLNER 2402 FRANKLIN ST APT 202 920-652-4135
 Secretary RICHARD ROSINSKY 1110 HAMILTON ST 920-374-8814
 Treasurer _____

3. Facility requested: CITIZENS PARK GYM
 Equipment requested: STANDARDS + NETS FOR SPEC. OLYMPICS
VOLLEYBALL PRACTICE

4. Specific dates and hours facility/equipment will be used: Date(s) ON BACK Hrs. 5PM-6PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. REDUCE FEES FOR OUR SPEC. OLYMPICS PRACTICES

6. Which do you consider your group to be?
 A. Community service _____ B. Non-profit X C. Private business _____
 D. Club or organization _____ E. Other, please explain _____

7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
 Yes _____ No X

8. If #7 is "yes," explain and list specific charges _____

9. What will revenues be used for? _____

10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No X
 If "yes," please provide the following information of individual to contact:
 Name _____ Address _____ Telephone _____

Signed Richard Rosinsky Date 4-5-02

Please attach any additional information which you feel will assist the committee in evaluating your request.

Sept 8-15-22-29

THURSDAYS

Oct 6-13-20-27

Nov 3