



CITY OF MANITOWOC

WISCONSIN, USA

www.manitowoc.org



October 4, 2019

Mr. Richard Rosinsky
1716 Western Ave.
Manitowoc, WI 54220

RE: Manitowoc Co. Miracles Special Olympics Practices & Tournament (5/3/20-6/14/20)

Dear Mr. Rosinsky:

The above request was acted upon by the Special Event Committee at the meeting of October 2, 2019, at which time the Committee granted your request.

Please refer to the enclosed outlined conditions for a Special Event permit and insurance requirements.

For 2019, as part of the Mayor's budget, most fees for special events were waived. The 2020 budget has not been set. Non-waivable fees will be charged as set by policy.

Assuming fees for special events are waived as part of the 2020 budget, please consider including the City of Manitowoc among the sponsors for your event.

Very truly yours,

Deborah Neuser
City Clerk

DN:mrk

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Chad Scheinoha, Operations Division Mgr.
Billy Hutterer, Streets Team Leader
Karen Dorow, Business Manager

Deborah Neuser, CMC, City Clerk
CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543
Phone (920) 686-6950 · Fax (920) 686-6959 · dneuser@manitowoc.org

City of Manitowoc
SPECIAL EVENTS APPLICATION FORM

OFF 11-2013

NOTICE: This application must be turned in to the Parks Office a minimum of 60 days prior to the date of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

1. Name/Description of Event: MANITOWOC CO. MIRACLES SPEC OLYMPICS TOURN.
2. Date of Event: 6-13-20 If multiple days, Start Date: _____ End Date: _____
Include dates and times needed for setup and take down / cleanup.
3. Time Event will Begin Setup: 6 AM/PM Actual Start Time: 9 AM/PM Finish Time: 5 AM/PM
4. Name and Complete Address of Organization/Individual Organizing the Event:
MANITOWOC CO. MIRACLES SP. OLY
Name of organization responsible for event
RICHARD R ROSINSKY Telephone # PRIOR TO event (920) 684-6709
Name (first, middle, and last) of event organizer
GLENN GRAFF Telephone # DURING event (920) 240-0166
Contact name DURING event (if different)
1716 WESTERN AVE
Street Address
MANITOWOC WI 54220 E-mail address GRAFFS@a/SCI.NET
City, State, Zip of event organizer

Is the sponsoring organization a 501(c)(3) organization? Yes No

5. Location of the Event: Generally describe your event and its purpose and attach a DETAILED map or diagram of your event. Also, indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Maps of the City and its parks are available online at www.manitowoc.org.

THIS EVENT IS AT CP. THIS IS A SPECIAL OLYMPICS TOURN. IN THE SPORTS OF BOCCERBALL, T-BALL + SOFTBALL. MYBD + DIAMONDS 2+3 WILL BE USED, AS WELL AS THE OPEN AIR SHELTER + CONCESSION STAND.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes Which park? CITIZENS PARK No

What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)? MYBA DIAMONDS + DIAMONDS 2+3 OPEN AIR SHELTER + CONCESSION STAND

Have you reserved the park &/or park facilities? Yes No If no, please contact the Parks Division at (920) 686-3580.

Does the event require streets to be closed? Yes No If yes, which street(s): _____

It is YOUR RESPONSIBILITY to provide federally approved traffic control items: however they may be rented from the Streets & Sanitation Division.

Will the event be held on the sidewalk? Yes No



6. Mariners Trail Permit:

Will any portion of the Mariners Trail be used? Yes No

If yes, where on the trail will the event begin: _____

Where on the trail will the event end: _____

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. **The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.**

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.

Permittee agrees to abide by the rules and regulations contained in this agreement.

FOR OFFICE USE ONLY:

Signature of City of Two Rivers designee: _____

Date: _____

7. Tell Us About Your Event:

What is the estimated attendance at your event, including observers? 500 PEOPLE

How many vendors will be at your event? NONE How many vehicles? NONE

Do you require any special parking restrictions? Yes No If yes, what type, when, and where: _____

Parking on grassy areas of a park is not allowed without prior approval. Contact the Police Department if traffic control is needed.

Will food be prepared and/or served at the event? Yes No

You are responsible for obtaining any necessary permits for food from the Manitowoc County Health Department.

Will you be having a band or amplified music? Yes No

Will a loudspeaker or similar electric sound amplification system be used outdoors? Yes No

If yes, what hours: _____

Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)? Yes No

If yes, please describe: _____

Contact the Parks Division at 686-3580 with questions.

Will any of the following services be required? Clean-up Street-sweeping NONE REQUIRED

For help defining your parking, clean-up, & traffic control needs, please contact the Streets & Sanitation Division at (920) 686-6550.

Will any fireworks or pyrotechnic devices be used during the event? Yes No

If yes, contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

Will animals be present at the event? Yes No If yes, please indicate what types of animals, how many are expected, and where they will be located. _____

What toilet facilities will be made available to your participants? Indoor Outdoor

Please describe the toilet facilities that will be provided, including their locations and the number of units:

CP RESTROOMS BY CONCESSION STAND + MYBA RESTROOMS

Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of beer and/or wine. Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.

In the case of a premise with a current alcohol license, do you need an extension of your premise? Yes No If yes, give a detailed explanation under #5.

Do you require a waiver of the restriction to serve alcohol in a park? Yes No

8. Equipment Needed for Your Event:

Equipment rental charges will apply unless a waiver of some or all fees is approved. **A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed.** Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	<u># Needed</u>		<u># of Days*</u>		<u>Cost/Day</u>		<u>Total</u>	
Barricades								
2'		X		X	\$3.00	=		Flashers _____
3'		X		X	\$3.00	=		Flashers _____
8'		X		X	\$4.00	=		
Rail type-long		X		X	\$2.00	=		
Rail type-short		X		X	\$2.00	=		
Channelizer Drums		X		X	\$3.00	=		
Cones								
18"		X		X	\$1.50	=		
28"		X		X	\$1.50	=		
Safety vests		X		X	No charge	=	No Charge	
Snow fence								
Rolls		X		X	\$4.00	=		
Posts		X		X	No Charge	=	No Charge	
Post driver/pounder		X		X	No Charge	=	No Charge	
Traffic signs		X		X	\$2.00	=		Description _____
		X		X	\$2.00	=		Description _____
		X		X	\$2.00	=		Description _____
Traffic signs (Portable)		X		X	\$3.00	=		Description _____
		X		X	\$3.00	=		Description _____
		X		X	\$3.00	=		Description _____
Other (list items and amounts)								

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'		X		X	\$5.00	=		
Park benches		X		X	\$7.00	=		
Picnic tables	3	X	10	X	\$7.00	=	210	Description _____
Risers, platform		X		X	\$15.00	=		
Security stanchions		X		X	\$ 5.00	=		
Tent, 10'x10'		X		X	\$30.00	=		
Tent, 10'x20'		X		X	\$35.00	=		
Ticket booths, outdoor		X		X	\$15.00	=		
Trash cans	3	X	10	X	No Charge	=	No Charge	
Wenger portable bandwagon, 35x8'***		X		X	\$240.00	=		
Other (list items and amounts):								

TOTAL RENTAL CHARGES 210

*Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

**The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES	
Total Cost of Items Rented	Delivery Fee
\$0.00 - \$100.00	\$ 50.00
\$100.01 - \$250.00	\$ 75.00
\$250.01 - \$500.00	\$125.00
\$500.00 - \$1,000.00	\$250.00
\$1,000.01 and above	\$350.00

Delivery fees will be adjusted based on actual items rented.

9. **Stake Permit: There is a \$50.00 NON-WAIVABLE stake permit fee per event, if any items will be staked into the ground. The event organizer is responsible for ensuring Diggers Hotline is contacted a minimum of three business days before set-up.** Will any of these items (or items of similar nature) be erected or placed on the event grounds?

Tent or canopy Yes No
 Fence Yes No
 Sign Yes No
 Bounce house Yes No If electric, where will item be plugged in? _____
 Other _____ Yes No If electric, where will item be plugged in? _____

If yes for any, give a detailed explanation under #5.

10. **Safety and Security for Your Event:**

Do you have the correct level of insurance for your specific event? Yes No
 Please see the Special Events Insurance Form to ensure you have the proper coverage. You must submit the insurance certificate AND required endorsements to the City Clerk's Office at least 10 days before your event.

Do you need assistance from the Police or Fire Departments? Yes No If yes, please describe:

IN CASE OF INJURY WE WILL CONTACT 911, OTHERWISE NONE NEEDED

GLENN GRAFF
 Name of Security Coordinator

(920) 242-0166
 Phone # before event

(920) 242-0166
 Phone # the day of the event

Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No
 The City reserves the right to require a detailed written public safety plan.

11. **Fees & Reimbursement: Unless waived by the Special Event Committee, the standard fees for all rentals and licenses will apply. The City may also require reimbursement for extraordinary expenses. Charges will apply for lost, stolen, or damaged equipment. Stake Permit Fees, License Fees and Delivery Fees will not be waived.**

Is a waiver of some or all fees requested? Yes No

If yes, please explain what fees you desire waived or reduced and the reason(s): REDUCE THE FEES FOR USE OF DIAMONDS, OPEN AIR SHELTER, + CONCESSION STAND. WE ARE A NON-PROFIT AGENCY

Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?

Yes No

If yes, explain and list specific charges

What are your estimated revenues and what will the revenues be used for?

Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

12. Legal Notice

I understand the filing of this application does not ensure approval of a Special Event. I also understand that all Special Event organizers and participants must comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Fees for park facilities, temporary beer/wine licenses, stake and fireworks permits, and other necessary licenses and permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for the denial of the event.

The undersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims or personal injury claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be at the sole risk of the undersigned, and that the City of Manitowoc shall not be liable for any injury, loss or damage to said property or injury to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment by mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have received, read and understand the Special Events Policy and agree to be bound by all requirements as stated in the Special Events Policy and it is hereby incorporated by reference into this signed agreement.

Date of birth of applicant 8 / 25 / 50

Signature of Applicant: Richard R Rosinsky

Date: 9 - 18 - 19

**MANITOWOC PARK & RECREATION DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT**

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for 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 Park and Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

1. Name of Club or Organization making request Manitowoc Co. Mosaics Special Olympics
Address 13228 Pioneer Rd. Neuton 53063 Telephone 6933977

2. Names of Club Officers:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President <u>Kris Zolthens</u>	<u>13228 Pioneer Rd. Neuton</u>	<u>6933977</u>
Secretary <u>Richard Rosinsky</u>	<u>110 Hamilton St</u>	<u>6846909</u>
Treasurer _____	_____	_____

3. Facility requested: Citizens Park, R. Leavine Park, Halverson Park, + Westfield Park
Equipment requested: _____

4. Specific Dates and Hours facility/equipment will be used: Date See Attachment Hrs. Same

5. Please explain your request, as to what fees you desire waived or reduced and reasons.
Reduce fees for use of diamonds, open air shelter + concession stand

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 Yes, explain and list specific charges _____

9. What will revenues be used for? _____

10. Do you wish to meet personally with the Board/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 9-18-19
Please attach any additional information which you feel will assist the Committee in evaluating your request.

When completed, this form is to be returned to The Manitowoc Recreation Department, 930 North 18th Street, Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____
Explanation _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

<u>FACILITY REQUESTED</u>	<u>EQUIPMENT REQUESTED (Be Specific)</u>
SB Diamonds <u>X</u>	Garbage Cans _____
BB Diamonds _____	Picnic Tables _____
Soccer Field _____	Benches _____
Tennis Courts - How Many? _____	Other _____
Pool _____	

AREA REQUESTED Westfield Park

Number of People 30 DATE DESIRED call back TIME REQUESTED 11AM - 1PM
Be Specific
 WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
assessment testing

PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 2420166

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Krus Zollner

ADDRESS 13228 Pioneer Rd - Newton Phone 2933977

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Glenn Graff
(Person Responsible)

APPROVED _____ DATE 9-18-19

DENIED _____

 Director, Parks & Recreation

ATTENDANT(S) _____ Date _____

START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds _____

Garbage Cans _____

BB Diamonds _____

Picnic Tables _____

Soccer Field _____

Benches _____

Tennis Courts - How Many? _____

Other X _____

Pool _____

AREA REQUESTED Rheume Park - Right field. Green Space

Number of People 50 DATE DESIRED ON PRACT TIME REQUESTED 6 PM - 7:30 PM
Mondays May 18 - Aug 3 except May 25 Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics

Soccer ball practice

PERSON WHO WILL BE RESPONSIBLE Cheryl Kennedy TELEPHONE 6825221

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Kris Zoloth

ADDRESS 13225 Pierce Rd - Newton Phone 6933977

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Cheryl Kennedy
(Person Responsible)

APPROVED _____ DATE 9-18-19

DENIED _____

Director, Parks & Recreation

Date _____

ATTENDANT(S) _____ START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

<u>FACILITY REQUESTED</u>	<u>EQUIPMENT REQUESTED (Be Specific)</u>
SB Diamonds <u>X</u>	Garbage Cans _____
BB Diamonds _____	Picnic Tables _____
Soccer Field _____	Benches _____
Tennis Courts - How Many? _____	Other _____
Pool _____	

AREA REQUESTED Halverson Park Diamond 2

Number of People 20 DATE DESIRED on Back TIME REQUESTED 4PM-6PM

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
Be Specific

T-Ball practice - Base

PERSON WHO WILL BE RESPONSIBLE Paulette Simonar TELEPHONE 793 2977

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 684 6909 ADDRESS 1110 Hamilton St.

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Kris Zollthaus

ADDRESS 13229 Pioneer Rd - Newton Phone 693 3977

PROVISIONS:
 The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.
 It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.
 The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Paulette Simonar
(Person Responsible)

APPROVED _____ DATE 9-18-19

DENIED _____ Date _____

Director, Parks & Recreation

ATTENDANT(S) _____ START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds X
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
Picnic Tables _____
Benches _____
Other _____

AREA REQUESTED

Westfield Park

Number of People 50

DATE DESIRED on Sat

TIME REQUESTED 10 AM - 1 PM

Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR?

Saturdays May 10 - Aug 8

except 7/4

Special Olympics

softball practice - Badgers

PERSON WHO WILL BE RESPONSIBLE Glenn Graff

TELEPHONE 2420166

PERSON MAKING REQUEST Richard P. ...

TELEPHONE 6946909

ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Kris Zolthies

ADDRESS 13229 Pioneer Rd - Newton

Phone 6933477

PROVISIONS:

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It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____

SIGNED Glenn Graff

(Person Responsible)

APPROVED _____

DATE 9-18-19

DENIED _____

Date _____

Director, Parks & Recreation

ATTENDANT(S) _____

START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds X

BB Diamonds _____

Soccer Field _____

Tennis Courts - How Many? _____

Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____

Picnic Tables _____

Benches _____

Other _____

AREA REQUESTED Halverson Park Diamond 1

Number of People 20 DATE DESIRED Wednesdays May 20 - Aug 5 TIME REQUESTED 4 PM - 6 PM

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Soccer Olympics

PERSON WHO WILL BE RESPONSIBLE Dan Schmidt TELEPHONE 3230477

PERSON MAKING REQUEST Richard Rosenbly

TELEPHONE 6846909 ADDRESS 110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Karl Zoltner

ADDRESS 13559 Pioneer Rd - Newton Phone 6933977

PROVISIONS:

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It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.
The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____

SIGNED Dan Schmidt
(Person Responsible)

APPROVED _____

DATE 9-18-19

DENIED _____

Date _____
Director, Parks & Recreation

ATTENDANT(S) _____ START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED _____ EQUIPMENT REQUESTED (Be Specific) _____
SB Diamonds X _____ Garbage Cans _____
BB Diamonds _____ Picnic Tables _____
Soccer Field _____ Benches _____
Tennis Courts - How Many? _____ Other _____
Pool _____

AREA REQUESTED Halverson Park Diamond 1
Number of People 20 DATE DESIRED ON BACK TIME REQUESTED 4 PM - 6 PM
Tuesdays May 19 - Aug 4 Special Olympics Be Specific
WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? softball practice - Marvel
PERSON WHO WILL BE RESPONSIBLE Rob Michalek TELEPHONE 815 9540
PERSON MAKING REQUEST Richard Rosinsky
TELEPHONE 684 6909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES
NAME Kris Zolthus
ADDRESS 13028 Pioneer Rd - Neuton Phone 693 3977

PROVISIONS:
The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.
It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.
The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____ SIGNED Rob Michalek
(Person Responsible)
APPROVED _____ DATE 9-18-19
DENIED _____

Director, Parks & Recreation Date _____

ATTENDANT(S) _____ START TIME: _____

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds X
 BB Diamonds _____
 Soccer Field _____
 Tennis Courts - How Many? _____
 Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
 Picnic Tables _____
 Benches _____
 Other _____

AREA REQUESTED

Citizens Park Diamonds 2-3

Number of People 500

DATE DESIRED 6/13/20 (update) 6-14-20

TIME REQUESTED 7AM - 5 PM

Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR?

Special Olympics

summer sports tournament

PERSON WHO WILL BE RESPONSIBLE Glen G. Hoff

TELEPHONE 2430166

PERSON MAKING REQUEST Richard Rozinsky

TELEPHONE 6846909

ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Klaus Tollthorn

ADDRESS 13228 Pioneer Rd - Newton

Phone 6935977

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____

SIGNED Glen G. Hoff

(Person Responsible)

APPROVED _____

DATE 9-18-19

DENIED _____

Date _____

Director, Parks & Recreation

ATTENDANT(S) _____

START TIME: _____