

Parks
11-17-14

14-2365

RECEIVED

OCT 17 2014

October 16, 2014

CITY CLERKS OFFICE

To Members of the Common Council,

In 2015, The Brutal Wear Open Tennis Tournament will be celebrating its 14th year as a prize money USTA (United States Tennis Association) tournament here in Manitowoc. This tournament brings in players from all over the state, country, and also the world. In the past we've had players from Croatia, New Zealand, Brazil, and Paraguay just to name a few. Many of the entrants have world class rankings. Not only does the tournament bring in players from all over, but it continues to be the **only** prize money tournament in Wisconsin. I am requesting the Lincoln Park tennis courts for the dates of August 7-9, 2015.

The USTA Junior Brutal Wear Tennis Tournament will be in its 8th year in 2015. This junior tournament continues to grow, and along with the WOMT/WQTC junior tournament, has been rated by the USTA as one of the best run junior tournaments in Wisconsin. I am requesting the Lincoln Park tennis courts for the dates of August 22-24, 2015.

The WOMT/WQTC USTA junior tournament will be in its 6th year in 2015. I am requesting the Lincoln Park tennis courts for the dates of June 27-29.

Finally, I am currently in the process of bidding on an ITA (Intercollegiate Tennis Association) Midwest summer circuit event. The ITA Summer Circuit is currently made up of nine regional circuits Northeast, Mid-Atlantic, Southeast, Midwest, Central, Mountain, Texas, Northern California and Southern California. Nearly 30,000 men and women have competed in ITA Summer Circuit events since it began in 1993. The circuit provides college (and junior and alumni) players the opportunity to compete in organized events virtually year round. Although the primary focus of the circuit is to provide incoming freshmen and collegiate players the chance to compete in the summer months, for NCAA compliance purposes, the events within the ITA Summer Circuit are categorized as "open"; therefore anyone is eligible to compete in these events as long as he/she is a current ITA member.

If the bid is approved, I would need the Lincoln Park tennis courts on July 4-8.

All insurance information should be on record from past tournament requests.

Thank you,

Debbie Seehafer

Debbie Seehafer
Founder/Tournament Director for the following:
The WOMT/WQTC Junior Summer Tournament
The Junior Brutal Wear Challenger

*WAIVER OF FEES FORMS
ATTACHED.*

Co/Chair and Tournament Director for:
The Brutal Wear Open Tennis Tournament

100-100000-100000

2585-44

1000

Department of the Army

Washington, D.C.

1. The following information was obtained from a review of the records of the Department of the Army, Office of the Inspector General, regarding the activities of the [redacted] during the period from [redacted] to [redacted].

2. It was determined that the [redacted] was engaged in the following activities during the period mentioned above:

3. The [redacted] was found to have received the following funds:

4. The [redacted] was also found to have expended the following funds:

5. The [redacted] was also found to have received the following funds:

RECEIVED
OFFICE OF THE INSPECTOR GENERAL
DEPARTMENT OF THE ARMY

100-100000-100000

Washington, D.C.

RE: Brutal Wear Tennis Tournaments - Lincoln Park

REVIEWING DEPARTMENT RECOMMENDATION

Various 2015 Dates

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.
Your request was acted upon in accordance with the contents of this application with the following conditions

PARKS _____
(683-4537) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

POLICE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

FIRE _____
(686-6500) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

DPW _____
(683-4550) _____

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

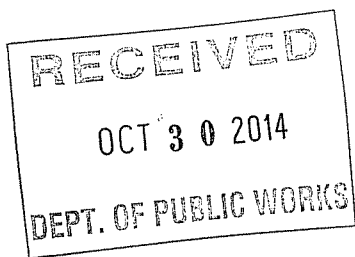
Dept. Head or Designee Signature _____ Date ____/____/____

I've attached the waiver fee form for this tournament. The fees that are highlighted are the court fees in which I am seeking to be waived. My goal is not to make money on these tournaments, but would at least like for me to break even. The reason I hold these junior tournaments is because of my love for tennis as well as I'd like to see more youth involved.

These junior tennis tournaments are the only USTA sanctioned event in the city of Manitowoc.

Thank you,

Debbie Seehafer



NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 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.

SPECIAL EVENTS APPLICATION FORM

1. Name/Description of Event: WOMT/WQTC JR SUMMER CHALLENGER - USTA SANCTIONED TENNIS TOURNAMENT
2. Date of Event: 6/27/15 If multiple days, Start Date: 6/27/15 End Date: 6/29/15
3. Time Event will start to form: 7 AM/PM Actual Start Time: 8 AM/PM Finish Time: 8 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Name of organization, if applicable _____
DEBBIE S SEEHAFFER
Name (first, middle, and last) of individual organizing the Event
706 RIVER BLUFF DRIVE
Street Address
MANITOWOC, WI 54220
City, State, ZIP

Telephone # (920) 684 0800
Business # (920) 629 1375
(if applicable)
Date of Birth 6/23/1965
of organizing individual

- Is the sponsoring organization a 501(c)(3) organization? Yes No
5. Email address of organizer: DSEEHAFFER@COMCAST.NET
6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. LINCOLN PARK TENNIS COURTS AND CONCESSION AREA

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

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

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

Will the event be held indoors? Yes No If yes, what building? _____
Building Name & Street Address

7. Tell us about your Event:
- 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
- What is the estimated attendance at your event, including observers? 150
- How many vendors will be at your event? 0 How many vehicles? 20+
- Do you require any special parking restrictions? Yes No If yes, what type, when, and where: _____

Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

Will a tent or any other temporary structures be erected? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

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: LINCOLN

PARK CONCESSION AREA BATHROOMS

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.

8. 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 to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:

DEBBIE SEEHAFFER
Name of Day-of coordinator

920 684 0806
Phone # before event

920 629 1375
Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator

() _____
Phone # before event

() _____
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

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

10. 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, liquor licenses, tent 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.

Signature of Applicant: D. Seehafer

Date: 10/28/14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

MANITOWOC PARKS DEPARTMENT

**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 Parks & 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/organization making request DEBBIE SEEHAFFER
Address 700 RIVER BLUFF DRIVE Telephone 920-684-0806

2. Names of club officers: Name _____
Address Telephone _____
President _____
Secretary _____
Treasurer _____

3. Facility requested: LINCOLN PARK TENNIS COURTS ' CONCESSION AREA

Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date 6/27-6/29, 2015 Hrs. 8AM-8PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. SEE ATTACHED

6. Which do you consider your group to be?

A. Community service _____ B. Non-profit _____ C. Private business _____
D. Club or organization _____ E. Other, please explain USTA SANCTIONED TENNIS TOURNAMENT

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

8. If #7 is "yes," explain and list specific charges PLAYER ENTRY FEES

9. What will revenues be used for? PAY FOR ~~MAN~~ EXPENSES - SEE ATTACHED EXPENSE AND INCOME SHEET

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No

If "yes," please provide the following information of individual to contact:

Name _____ Address _____ Telephone _____

Signed D. Seehaffer Date 10/30/14

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 Parks Department, 2655 S. 35 54220.

Committee Action: Approved _____ Denied _____ Date _____

Expenses for a weekend USTA Sanctioned junior tennis tournament (per tournament)

Sanction fee-\$53

USTA organization fee-\$35

Court Fees-\$350

YMCA on call staff-\$200

Balls-\$350

Tournament T-shirts-\$150

Trophies-\$225

Player gift bag-\$75

USTA official-\$400

USTA player fees-\$200

Water/Granola Bars/Etc...\$100

Office/Mailing-\$75

Total Expenses per junior tournament-\$2,213 (average)

Income from USTA junior tournament (per tournament)

\$500-sponsors

\$1,200-entry fees

Total income per junior tournament-\$1,700 (average)

Usually end up with a deficit of about\$100-\$500 per tournament.

I've attached the waiver fee form for this tournament. The fees that are highlighted are the court fees in which I am seeking to be waived. The Brutal Wear Open Tennis Tournament is the only USTA sanctioned prize money tournament in Wisconsin.

Thank you,
Debbie Seehafer

RECEIVED
OCT 30 2014
DEPT. OF PUBLIC WORKS

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

1968

1969

1970

1971

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

1972

NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 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.

USTA
TENNIS
TOURNAMENT

SPECIAL EVENTS APPLICATION FORM

1. Name/Description of Event: BRUTAL WEAR OPEN PRIZE MONEY EVENT
2. Date of Event: ___/___/___ If multiple days, Start Date: 8/7/15 End Date: 8/9/15
3. Time Event will start to form: ___ AM/PM Actual Start Time: 8 AM/PM Finish Time: 8 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Name of organization, if applicable

DEBBIE S SEEHAFFER

Name (first, middle, and last) of individual organizing the Event

706 RIVER BLUFF DRIVE

Street Address

MANITOWOC, WI 54220

City, State, ZIP

Telephone # 920 684 0806

Business # 920 629 1375
(if applicable)

Date of Birth 6/23/1965
of organizing
individual

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

5. Email address of organizer: DSEEHAFFER@COMCAST-NET

6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. LINCOLN PARK TENNIS COURTS AND CONCESSION AREA

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

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

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

Will the event be held indoors? Yes No If yes, what building? _____
Building Name & Street Address

7. Tell us about your Event:

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

What is the estimated attendance at your event, including observers? 100+

How many vendors will be at your event? 1 How many vehicles? 25+

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

Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

Will a tent or any other temporary structures be erected? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

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: LINCOLN
PARK CONCESSION AREA BATHROOMS

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.

8. 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 to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:

DEBBIE SEEHAFFER
Name of Day-of coordinator

920 684 0806
Phone # before event

920 629 1375
Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator

() _____ - _____
Phone # before event

() _____ - _____
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

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

10. 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, liquor licenses, tent 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.

Signature of Applicant: D. Seehaffer

Date: 10/28/15

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

MANITOWOC PARKS DEPARTMENT
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 Parks & 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/organization making request DEBBIE SEEHAFFER
Address _____ Telephone 920-684-0806

2. Names of club officers: Name _____
Address Telephone _____
President _____
Secretary _____
Treasurer _____

3. Facility requested: LINCOLN PARK TENNIS COURTS AND CONCESSION AREA
Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date 8/7-8/9 2015 Hrs. 8AM-8 PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. SEE ATTACHED

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

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

8. If #7 is "yes," explain and list specific charges PLAYER ENTRY FEES

9. What will revenues be used for? HELP PAY FOR TOURNAMENT EXPENSES SEE ATTACHED

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____
Signed D. Seehafer Date 10/20/14

EXPENSE AND INCOME STATEMENT

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 Parks Department, 2655 S. 35 54220.

Committee Action: Approved _____ Denied _____ Date _____

Average Expenses for the Brutal Wear Open Prize Money Tennis Tournament

Prize Money-\$3,240

Sanction fee-\$53

USTA organization fee-\$35

Concession food license-\$75

Court Fees-\$350

YMCA on call staff-\$225

Tournament Director Fee-\$750

Balls-\$350

Tournament T-shirts-\$200

Player awards for other divisions other than the open division which is prize money-\$225

New banners/signage-\$500

Player gift bag-\$75

USTA official-\$517

USTA player fees-\$280

Food-\$600

Office/Mailing-\$75

Total Expenses -\$7,550 (average)

Average Income from the Brutal Wear

\$3,750-sponsors (avg. of \$250 for about 15 sponsors)

\$3,500-entry fees

Total income from Brutal Wear Open-\$7,250

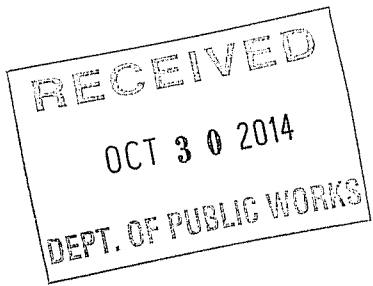
Usually end up with a deficit of about \$200

I've attached the waiver fee form for this tournament. The fees that are highlighted are the court fees in which I am seeking to be waived. My goal is not to make money on these tournaments, but would at least like for me to break even. The reason I hold these junior tournaments is because of my love for tennis as well as I'd like to see more youth involved.

These junior tennis tournaments are the only USTA sanctioned event in the city of Manitowoc.

Thank you,

Debbie Seehafer



NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 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.

SPECIAL EVENTS APPLICATION FORM

1. Name/Description of Event: JR BRUTAL WEAR- USTA SANCTIONED JR TENNIS TOURNAMENT
2. Date of Event: ___/___/___ If multiple days, Start Date: 8/22/15 End Date: 8/24/15
3. Time Event will start to form: 7 AM/PM Actual Start Time: 8 AM/PM Finish Time: 9 AM/PM
4. Name and complete address of Organization/Individual organizing the Event:

Name of organization, if applicable

DEBBIE S SEEHAFFER

Name (first, middle, and last) of individual organizing the Event

706 RIVER BLUFF DR

Street Address

MANITOWOC, WI 54220

City, State, ZIP

Telephone # 920 684 0806

Business # 920 629 1375
(if applicable)

Date of Birth 6/23/1965
of organizing individual

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

5. Email address of organizer: DSEEHAFFER@COMCAST.NET

6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. LINCOLN PARK TENNIS COURTS AND CONCESSION AREA

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

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

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

Will the event be held indoors? Yes No If yes, what building? _____
Building Name & Street Address

7. Tell us about your Event:

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

What is the estimated attendance at your event, including observers? 85+

How many vendors will be at your event? 1 How many vehicles? 25+

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

Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

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Will any fireworks or pyrotechnic devices be used during the event? Yes No
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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: LINCOLN
PARK CONCESSION AREA BATHROOMS

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.

8. 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 to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:
DEBBIE SEEHAFFER 920 684-0806 920 629 1375
Name of Day-of coordinator Phone # before event Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator () - () -
Phone # before event 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

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

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Signature of Applicant: [Signature] Date: 10/28/14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

MANITOWOC PARKS DEPARTMENT

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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/organization making request DEBBIE SEEHAFFER
Address 704 RIVER BLUFF DRIVE Telephone 920-684-0806

2. Names of club officers: Name _____
Address Telephone _____
President _____
Secretary _____
Treasurer _____

3. Facility requested: LINCOLN PARK TENNIS COURTS AND CONCESSION AREA

Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date 8/22-8/24 2015 Hrs. 8AM-9PM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. SEE ATTACHED

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

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

8. If #7 is "yes," explain and list specific charges PLAYER ENTRY FEES SEE ATTACHED
EXPENSE &

9. What will revenues be used for? TO HELP PAY FOR EXPENSES
INCOME STATEMENT

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 D. Seehafter Date 10/30/14

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 Parks Department, 2655 S. 35 54220.

Committee Action: Approved _____ Denied _____ Date _____

Expenses for a weekend USTA Sanctioned junior tennis tournament (per tournament)

Sanction fee-\$53

USTA organization fee-\$35

Court Fees-\$350

YMCA on call staff-\$200

Balls-\$350

Tournament T-shirts-\$150

Trophies-\$225

Player gift bag-\$75

USTA official-\$400

USTA player fees-\$200

Water/Granola Bars/Etc...\$100

Office/Mailing-\$75

Total Expenses per junior tournament-\$2,213 (average)

Income from USTA junior tournament (per tournament)

\$500-sponsors

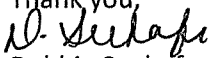
\$1,200-entry fees

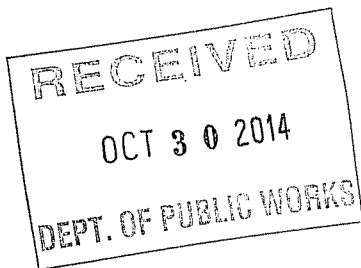
Total income per junior tournament-\$1,700 (average)

Usually end up with a deficit of about \$100-\$500 per tournament.

I am currently in the process of bidding on an ITA (Intercollegiate Tennis Association) Midwest Summer Circuit Event. The ITA Summer Circuit is currently made up of nine regional circuits: Northeast, Mid-Atlantic, Southeast, Midwest, Central, Mountain, Texas, Northern California and Southern California. Nearly 30,000 men and women have competed in ITA Summer Circuit events since it began in 1993. The circuit provides college (and junior and alumni) players the opportunity to compete in organized events virtually year round. Although the primary focus of the circuit is to provide incoming freshmen and collegiate players the chance to compete in the summer months, for NCAA compliance purposes, the events within the ITA Summer Circuit are categorized as "open", therefore anyone is eligible to compete in these events as long as he/she is a current ITA member.

I have attached the Special Event form for this tournament should the tournament be granted to me. I probably won't know the outcome of the bid until probably January, but wanted to plan ahead and put the request in now.

Thank you,

Debbie Seehafer



NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 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.

SPECIAL EVENTS APPLICATION FORM

COLLEGE TENNIS TOURNAMENT

1. Name/Description of Event: ITA SUMMER CIRCUIT TOURNAMENT
2. Date of Event: ___/___/___ If multiple days, Start Date: 7/4/15 End Date: 7/8/15
3. Time Event will start to form: 8 (AM/PM) Actual Start Time: 8 (AM/PM) Finish Time: 9 (AM/PM)
4. Name and complete address of Organization/Individual organizing the Event:

Name of organization, if applicable

DEBBIE S SEEHAFFER

Name (first, middle, and last) of individual organizing the Event

706 RIVER BLUFF DRIVE

Street Address

MANITOWOC, WI 54220

City, State, ZIP

Telephone # 920 684 0806

Business # 920 629 1375
(if applicable)

Date of Birth 6/23/1965
of organizing individual

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

5. Email address of organizer: DSEEHAFFER@COMCAST.NET

6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. LINCOLN PARK TENNIS COURTS AND CONCESSION AREA

ALSO WILSON JR HIGH TENNIS COURTS

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

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

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

Will the event be held indoors? Yes No If yes, what building? _____
Building Name & Street Address

7. Tell us about your Event:

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

What is the estimated attendance at your event, including observers? 250+

How many vendors will be at your event? 1 How many vehicles? 50+

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

Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

Will a tent or any other temporary structures be erected? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

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: LINCOLN PARK CONCESSION AREA BATHROOMS

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.

8. 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 to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:

DEBBIE SEEHAFFER 920 684 0806 920 629 1375
Name of Day-of coordinator Phone # before event Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator () - Phone # before event () - 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

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

10. 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, liquor licenses, tent 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.

Signature of Applicant: [Signature] Date: 10/28/14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No