

Sonja Birr

From: Sandy Ronski
Sent: Monday, May 02, 2016 2:27 PM
To: Sonja Birr
Cc: Karen Dorow; Sue Reilly
Subject: FW: for committee meeting (PI Agenda - Waiver of Fees Request - Redeemer Lutheran)
Attachments: 20160412113154893.pdf

Importance: High

PI Agenda item - Waiver of fees request from Redeemer Lutheran Preschool for a zookeeper to go to the preschool for a 1/2 to 1 hour presentation on 4/19/16 [normally a \$50 charge]

Sandy Ronski
Operations Clerk II
Cemetery, Parks, Transit, and Streets & Sanitation Divisions City of Manitowoc
2655 S 35th St.
Manitowoc, WI 54220
Phone: 920-686-6518
Fax: 920-686-6525
www.manitowoc.org

-----Original Message-----

From: Denise Larson
Sent: Tuesday, April 12, 2016 11:42 AM
To: Jason Sladky
Cc: Sandy Ronski
Subject: FW: for committee meeting

Waiver for zoo keeper to go on site for program

Thanks,

Denise Larson,
Recreation, Sr. Center, & Zoo Division Manager
3330 Custer Street
Manitowoc WI 54220
686-3060
dlarson@manitowoc.org

-----Original Message-----

From: Denise [<mailto:dlarson@manitowoc.org>]
Sent: Tuesday, April 12, 2016 11:38 AM
To: Denise Larson
Subject:

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 Redeemer Luth. 3K and 4K Preschool
 Address 1712 Menasha Ave. Telephone 920-684-3989

2. Names of Club Officers: Name Address Telephone

~~President~~ Rev. Zachary De Armond
Administrator
~~Secretary~~ Mary Orth
~~Director~~
 Treasurer Mary Eisenschmik

3. Facility requested: Manitowoc Zoo
 Equipment requested: _____

4. Specific Dates and Hours facility/equipment will be used: Date 4-19-16 Hrs. 1/2 hr. = 1
presenter

5. Please explain your request, as to what fees you desire waived or reduced and reasons. \$50.00
The fees for presenter to come into preschool.

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 _____
School

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? NO

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 Mary Orth Director Date 3-22-16

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 _____