

Parks + Rec  
2-17-14

072

**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: Kenny's Athletic Klub Annual Slow-pitch Tournament
- 2. Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ If multiple days, Start Date: 07/25/2014 End Date: 08/02/2014
- 3. Time Event will start to form: 8am AM/PM Actual Start Time: 9am AM/PM Finish Time: 11pm AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Kenny's Athletic Klub  
Name of organization, if applicable

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

1512 Ahrens St.  
Street Address

Manitowoc WI 54220  
City, State, ZIP

Telephone # (\_\_\_\_) 901 - 1865

Business # (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(if applicable)

Date of Birth 09/11/1970  
of organizing individual

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

- 5. Email address of organizer: jill\_erickson@Live.com
- 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. Citizen Park Softball Diamonds, Hardball Diamonds, Concession Stand and Open air Shelter

Will the event be held in a Manitowoc park or utilize any park facilities?  Yes  No Which park? Citizen 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): \_\_\_\_\_

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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? 700

How many vendors will be at your event? 0 How many vehicles? 350

Do you require any special parking restrictions?  Yes  No If yes, what type, when, and where: parking on grass, weather permitting. In past years parks dept has put up posts, signs and ribbon

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 we will be using the  
Please describe the toilet facilities that will be provided, including their locations and the number of units: \_\_\_\_\_  
shelter restrooms as well as port-a-pots that we rent. 2 will be on corner diamond and another 2 will be by shelter.

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:

Jill Erickson

Name of Day-of coordinator

( ) 901 1865

Phone # before event

( ) 901 1865

Phone # the day of the event

Is security needed for this event?  Yes  No

Jill Erickson

Name of Security Coordinator

( ) 901 1865

Phone # before event

( ) 901 1865

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: 

Date: JAN 31, 2014

COMMITTEE RECOMMENDATION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMON COUNCIL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ?  Yes  No

MANITOWOC PARKS & RECREATION DEPARTMENTS  
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds Citizen Park (2)  
BB Diamonds Use of for warm-ups  
Soccer Field —  
Tennis Courts - How Many? —  
Pool —

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 100 ±  
Picnic Tables 100 ±  
Benches 50 ±  
Other popcorn popper - rakes, brooms, etc for diamonds  
Staging by softball diamond for announcements

AREA REQUESTED

Citizen Park Softball Diamonds, Open Air Shelter, Concession Stand +

Number of People 700 ± DATE DESIRED 7/25 to 7/27 TIME REQUESTED 8am to 11pm  
8/1 to 8/2 Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Annual slow-pitch mens softball tournament

PERSON WHO WILL BE RESPONSIBLE Jill Erickson TELEPHONE 901-1865

PERSON MAKING REQUEST Jill Erickson

TELEPHONE 901-1865 ADDRESS 1512 Ahrens St. MTWC

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Jill Erickson 90 Kennys Athletic Club  
ADDRESS 1512 AHRENS ST. MANITOWOC WI 54220

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 Jill Erickson  
(Person Responsible)

APPROVED \_\_\_\_\_ DATE JAN 31, 2014

\_\_\_\_\_  
Parks or Recreation Manager DATE \_\_\_\_\_

ATTENDENT(S) \_\_\_\_\_ START TIME: \_\_\_\_\_