

Parks  
P.I. 1-19-15

# Special Events Request

15-125

Dear Manitowoc City Council,

My name is Liz O'Brien and I am co-organizing the 8<sup>th</sup> Annual Carol Rose Wester Memorial Race with my sister, Stephany Mangan, and grandfather, Calvin Wester. We are requesting for the race to be held on Saturday August 15, 2015, beginning with registration at 6:30am, the 2 and 5 mile run/walk at 8:00am and the youth run at 9:30am. The race will begin and end at Red Arrow Park. The route maps are attached. As in past years, there will be a volunteer directing traffic at each street crossing in addition to numerous volunteers on the course directing participants.

For the 2 mile run, the participants will run out of the Red Arrow Parking Lot turning south onto 9<sup>th</sup> street sidewalk and running along Lakeside Boulevard to S. 8<sup>th</sup> Street. At S. 8<sup>th</sup> Street, the participants will turn north (right) and make a loop to Manitou Street where they will turn east (right) and return to Red Arrow Park north on Lakeside Boulevard, to the 9<sup>th</sup> Street sidewalk, and Red Arrow Parking Lot.

The 5 mile race will also begin the same way running up Lakeside Boulevard and right onto S. 8<sup>th</sup> Street. It will then branch off turning west (left) onto Manitou St. sidewalk, south (left) onto S. 10<sup>th</sup> Street sidewalk, and east (left) onto Viebahn Street sidewalk. The route will then turn south (right) onto the gravel path behind UW-Manitowoc and continue through Silver Creek park, through part of the Frisbee golf course, around the Armory, follow the perimeter of the soccer fields to the grass bordering the east side of S. 10<sup>th</sup> street (LS) and turn east into the UW Manitowoc South Parking Lot. From here, participants will reconnect with the UW Manitowoc groomed trail and will then turn northeast (right) onto Lakeside Boulevard once exiting the gravel trail and return to Red Arrow Park.

The ½ Mile youth run will start at the concessions stand, run around the perimeter of Red Arrow Park.

As part of the route, we request permission to block off the entrance to Red Arrow Park from 5:30am Saturday morning until 10:00am Saturday morning. In addition, we request to block off the parking lane on the westbound side of Dewey Street between 9<sup>th</sup> and Lakeside Boulevard, and the parking lane of the northbound lane of Lakeside Boulevard to College Street from 6:00am until 10:30am (please see attached map). Also we request permission to put up signs directing people where to park on the corners of: Dewey and 10<sup>th</sup>, 10<sup>th</sup> and Jaycee, 10<sup>th</sup> and Green Street, the entrance to the Red Arrow Park, and entrance to the Lincoln High School Parking Lot. The signs are fastened to self-standing barricades we own and will be placed on the sidewalk. We will contact Lincoln HS requesting permission to utilize their parking lot.

As part of the event, we are planning to sell food and beverages as well as hold a bucket raffle using donated items. Holy Family Memorial Hospital will be selling the raffle tickets under their raffle license. We will renew our food and beverage sale permits as required.

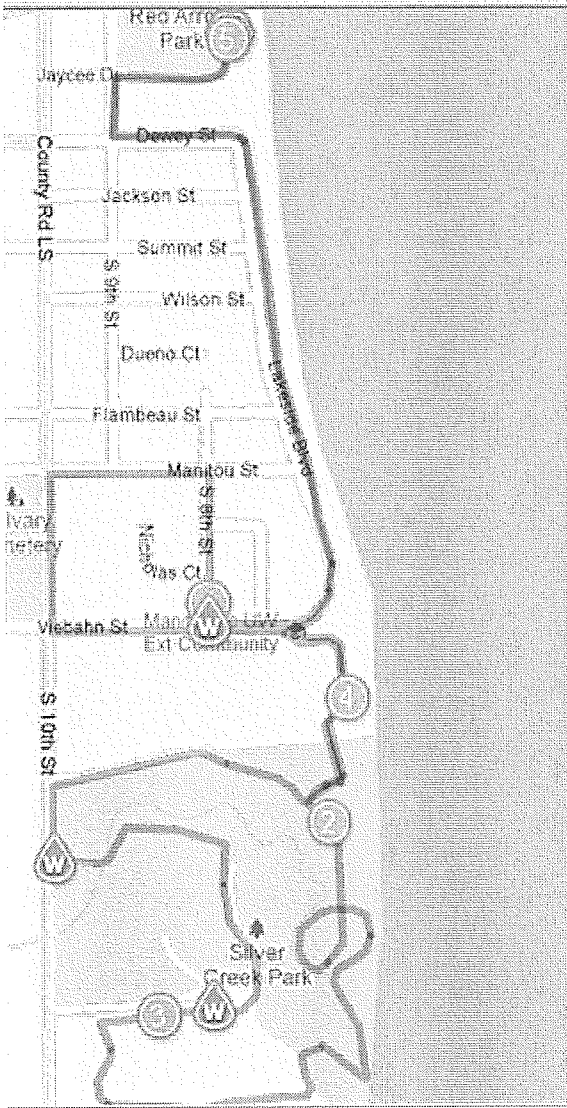
Our insurance will be provided by Kim Jacobson Insurance. We will send you a copy of the insurance policy as soon as we receive it. Please let us know the amount the coverage must be for.

Proceeds will benefit the CRW Memorial Fund for patients at Holy Family Memorial Care Center. If you have any further questions, please feel free to call me at (920) 585-4380 or email me at [crwmemorialrace@yahoo.com](mailto:crwmemorialrace@yahoo.com). You can also find additional information at our website: [www.crwmemorial.com](http://www.crwmemorial.com). Thank you!

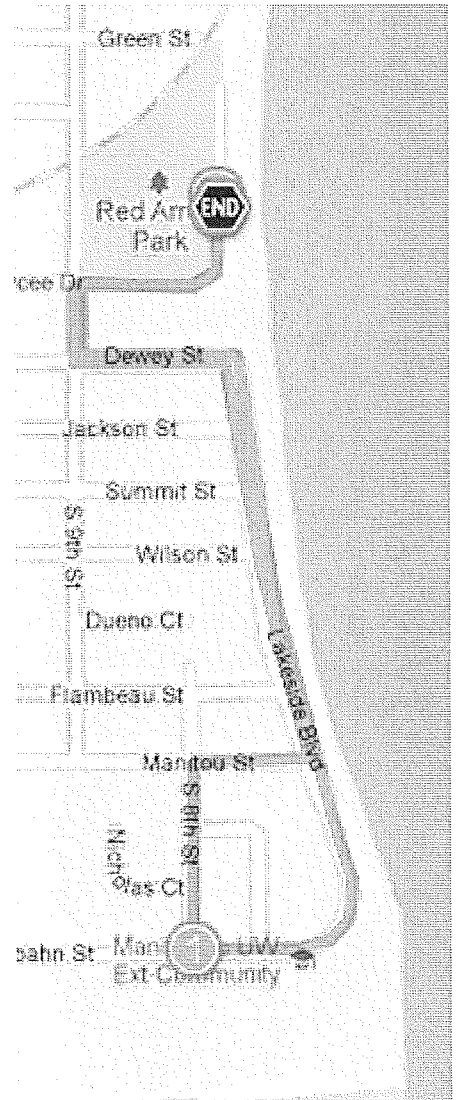
Liz O'Brien  
Co-organizer Carol Rose Wester Memorial Walk/Run

# 8<sup>th</sup> Annual Carol Rose Wester Memorial Race Routes

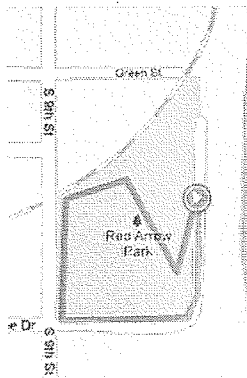
## 5 Mile Route



## 2 Mile Route



## 1/2 Mile Youth Run



## Jennifer Hudon

---

**From:** Stephany and Liz Becker <crwmemorialrace@yahoo.com>  
**Sent:** Wednesday, January 14, 2015 3:07 PM  
**To:** Jennifer Hudon  
**Cc:** Debra Neuser City Clerks Office  
**Subject:** 8th Annual CRW Race  
**Attachments:** 2015 Manitowoc City Council Letter doc.doc

Good Afternoon,

Attached is a letter to be reviewed by city council. If it could please be added to their next meeting agenda that would be greatly appreciated! The 8th Annual CRW Memorial Race will take place on Saturday August 15, 2015. Please let me know if there are any questions! Thank you.

Liz O'Brien  
Carol Rose Wester Memorial Run/Walk Coordinator  
PO Box 35  
Manitowoc, WI 54221  
Ph: (920) 585-4380  
Website: [www.crwmemorial.com](http://www.crwmemorial.com)  
Email: [crwmemorialrace@yahoo.com](mailto:crwmemorialrace@yahoo.com)

--

This email was Anti Virus checked by Astaro Security Gateway. <http://www.sophos.com>

RE: Carol Rose Woster Memorial Race - 8-15-15

**REVIEWING DEPARTMENT RECOMMENDATION**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_