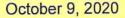


#### CITY OF MANITOWOC

WISCONSIN, USA www.manitowoc.org





Mr. Richard Rosinsky 1110 Hamilton St. Manitowoc, WI 54220

RE: Special Olympics Tournament - Citizen Park - 6/19/2021 (Rain Date 6/20/21)

Dear Mr. Rosinsky:

The above request was acted upon by the Special Event Committee at the meeting of October 7, 2020, at which time the Committee granted your request.

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

The organizer is encouraged to make public service announcements regarding social distancing and hand washing, etc. Please remind participants that dogs are not allowed in Citizen Park.

For 2020, as part of the Mayor's budget, most fees for special events were waived. The 2021 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 2021 budget, please consider including the City of Manitowoc among the sponsors for your event.

Very truly yours,

Deborah Neuser

City Clerk

DN:mrk

cc: Special Events Approval Group

#### City of Manitowoc SPECIAL EVENTS APPLICATION FORM

	NOTICE: This application must be turned in to the Parks Office a minimum of 60 days piror 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. MITACLES Special OLYMPICS TOURN.
2.	Date of Event: 6   19   21 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 AMPM Actual Start Time: 9 AMPM Finish Time: 5 AMPM
4.	Name and Complete Address of Organization/Individual Organizing the Event:
	MANITOWOC Co, MITACLES Sp. OLYMPICS Name of organization responsible for event
	RICHARD R ROSINSKY  Name (first, middle, and last) of event organizer  Telephone # PRIOR TO event ( 920 ) 694- 690 9
	G/ENN GRAFF  Telephone # DURING event (720) 242- B166  Contact name DURING event (if different)
	1716 WESTEIN AVE
	Manitowor Wi 54220 E-mail address 6 RAFFS @ /341. nE 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.  The EVEN'S 15 AT CITIZENS PARK, This 15 A Special OLYMPICS
	TOUSNAMENT IN THE Sports of bocce-ball, T-ball - SOFT BAT-
	DIAMONDS 2-3 WILL BE USED AS WELL AS THE OPENAIT
	Shelter + CONCESSION STAND.
	Will the event be held in a Manitowoc park or utilize any park facilities? X Yes Which park? C1712FNS Park \ No
	What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)? Soft ball
	DIAMONDS, OPEN AIT ShE/TER, " 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 X 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 &

Will the event be held on the sidewalk?  $\square$  Yes  $\nearrow$  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.
36	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? 400 PEOPIE
	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
	Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)? Yes No  If yes, what hours:
	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: CITIZENS Park
	TEST rooms by CONCESSION STAND, + MYBA LEST rooms

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.

	a premise with a cur planation under #5.		se, do	you need an e	ctensi	on of your premise? Yes No If yes, give
Do you requir	c a waiver of the res	triction to serve al	.cohol	in a park? . [	Yes	⊠No
8. Equipment Neede	d for Your Event:					
	harges will apply un City personnel is					l. A non-waivable delivery fee will be charged if that costs.
and returned weeks Sanitation office or	lays between 7:00 A	.M. and 2:30 P.M. nember prior to un	It is	the renter's res	ponsi	vision at 686-3580. All items must be picked up bility to sign in all materials in the Streets & m. It is unacceptable to drop off rental materials
Please indicate who	ere and when the iter	ms should be deliv	ered:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Please indicate the tota	l number of items	requested:				
Streets & Sanitation Div				e :		v de la companya de
	# <u>Needed</u>	# of Days*		Cost/Day		Total
Barricades 2'		x	x	\$3.00	=	Flashers
3'	<del></del> ;	â	x	\$3.00	=	Flashers
8'		x	x	\$4.00	==	
Rail type-long		x	X	\$2.00	=	
Rail type-shor	t	x	X	\$2.00	=	
Channelizer Drums Cones		х	X	\$3.00		
18"		<u>x</u>	X	\$1.50	= .	
28"		x	X X	\$1.50 No charge	=	No Charge
Safety vests		×	^	140 cumbe	_	140 Change
Snow fence Rolls		x	x	\$4.00	=	<u>.</u>
Posts		â	x	No Charge	=	No Charge
		x	x	No Charge	=	No Charge
Traffic signs		x	x	\$2.00	=	Description
Harric aigna		ж <u> </u>	X	\$2.00	=	Description
		ж <u> </u>	X	\$2.00	=	Description
Traffic signs (Portable)		ж <u> </u>	X	\$3.00	=	Description
Hanne signs (r ormore)		x	X	\$3.00	=	Description
		x	X	\$3.00	=	Description
Other (list items and an						
Parks Division Equipm	ent (686-3580); Do	NOT count any p	icnic	tables, garbag	e can	s, etc. already located at the park.
Banquet tables, 8'		X	Х	\$5.00	=	
Park benches	<del></del>	<u>x</u>	X	\$7.00	=	
Picnic tables		<u>x</u>	X	\$7.00	=	Description
Risers, platform		<u>x</u>	X	\$15.00	=	Description
Security stanchions		x	X	\$ 5.00	=	
Tent, 10'x10'		x	X	\$30.00 " \$35.00	_	
Tent, 10'x20'		x	X	\$35.00 \$15.00	=	
Ticket booths, outdoor	<u> </u>	x	X	No Charge		No Charge
Trash cans		x	А	140 CHRISE	_	1.0 OPHBA
Wenger portable bandy	vagon, 35x8"**	v	v	\$240,00	=	. I am a lineard
and all the second		X	ثد:	ന്സ് ഗ	V)	bace, boos, cp diamond
Other (list items and ar		The state of the s	Ŧ	MILTRAP	66	nt relia" sitcher sintes
40 per A	1	*105-40	7	عجاديمين	كنب	
put on diamonds strong charges						

<sup>\*</sup>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.

<sup>\*\*</sup>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.

Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply 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): Far use of Diamon DS, OPEN Air Shelte Standard WE AIE A Non-Profit Agence  We are A Non-Profit Agence  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges						
Tent or canopy  Fence  Yes No  Sign  Yes No  Bounce house  Other  Yes No If electric, where will item be plugg  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. Ye  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, plea  SELIBUS INJULY WE WILL CONTACT 911 OTHAC  Name of Security Coordinator  Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 free City may also require reimbursement for extraordinary expenses. Charges will apply 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): Far USE OF Diagon NDS, OPEN AIT Shelt E  SHAND, WE ACE A NON-Profit Agent Commoney of Yes No  If yes, explain and list specific charges	m of three business days before set-up.					
Fence Sign Yes No Bounce house Other Yes No If electric, where will item be plugg 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. Ye 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, ple  SELICUS INSURY WE WILL CONTACT 911 OTHE Name of Security Coordinator Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 fe City may also require reimbursement for extraordinary expenses. Charges will apply 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):  Far USE OF DIAMONDS, OPENAIT Shelte STAND, WEACEA NON-Profit Agenta Will money be collected, tickets or concessions sold, registration fees charged, or money to yes, explain and list specific charges	. "					
Sign						
Bounce house						
Other Yes  No If electric, where will item be plugg 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. Ye 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 of Security Coordinator	agged in?					
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. Your equired 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 of Security Coordinator  Name of Security Coordinator  Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Rees, License Rees 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): \ \ \ Far use \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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 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 of Security Coordinator \ Name of Security Coordinator \ Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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): \( Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for the waived. \( \frac{Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for Uses, explain and list specific charges						
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 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 of Security Coordinator \ Name of Security Coordinator \ Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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): \( Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for the waived. \( \frac{Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for Uses, explain and list specific charges						
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 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 of Security Coordinator \ Name of Security Coordinator \ Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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): \( Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for the waived. \( \frac{Far USE OF Dimyon DS, OPEN A)r Shelte Standard for Standard for Uses, explain and list specific charges						
Please see the Special Events Insurance Form to ensure you have the proper coverage. Yo 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 explain what fees you desire waived or reduced and the reason(s):  If yes, please explain what fees you desire waived or reduced and the reason(s):  If yes, please explain what fees you desire waived or reduced and the reason(s):  Well money be collected, tickets or concessions sold, registration fees charged, or money to the yes, explain and list specific charges  No If yes, explain and list specific charges						
Do you need assistance from the Police or Fire Departments? Yes No If yes, ple SECIOUS INJULY WE WILL CONTACT 911 6712  Name of Security Coordinator Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply 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): A STAND. WE ACE A NON-Profit Agence  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges	You must submit the insurance certificate AND					
Name of Security Coordinator  Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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): Far use of Diamon DS, Open Air Shelte Stand No.  We are A Non-Profit Agence  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges	•					
Name of Security Coordinator  Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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):  Far USE OF Diamon DS, OPEN Air Shelte  Stand. WE ACE A NON-Profit Agente  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges	please describe: IN CASE OF					
Name of Security Coordinator  Phone # before event  Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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):  Far USE OF Diamon DS, OPEN Air Shelte  Stand. WE ACE A NON-Profit Agente  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges	LESWISE NONE NEEDED					
Do you have a plan in place to deal with medical emergencies that may occur during your 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 for City may also require reimbursement for extraordinary expenses. Charges will apply 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): Far use of Diamon DS, OPEN Air Shelte Standard WE AIE A Non-Profit Agence  We are A Non-Profit Agence  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges						
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 for City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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):  Far use of Diamonus, Open Air Shelte  Stand, We are a Non-Profit Agence  Will money be collected, tickets or concessions sold, registration fees charged, or money to If yes, explain and list specific charges	Phone # the day of the event					
City may also require reimbursement for extraordinary expenses. Charges will apply Stake Permit Fees, Licensa 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): \[ \frac{Far use of Diamonds, Offn Air Shelte \]  Stand \[ \frac{Van - Prafit Agence}{Agence} \]  Will money be collected, tickets or concessions sold, registration fees charged, or money registration and list specific charges	ur event? Yes No					
If yes, please explain what fees you desire waived or reduced and the reason(s):  Far USE OF DIAMONDS, OPEN AIC Shelt E  STAND. WE ALE A NON-Profit AgeNO  Will money be collected, tickets or concessions sold, registration fees charged, or money registration and list specific charges	i fees for all rentals and licenses will apply. The ply for lost, stolen, or damaged equipment.					
Will money be collected, tickets or concessions sold, registration fees charged, or money r  Yes No  If yes, explain and list specific charges						
Will money be collected, tickets or concessions sold, registration fees charged, or money r  Yes No  If yes, explain and list specific charges	If yes, please explain what fees you desire waived or reduced and the reason(s): REDUCE THE FEES					
Will money be collected, tickets or concessions sold, registration fees charged, or money r  Yes No  If yes, explain and list specific charges	ICY					
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 applican						
Signature of Applicant:	Richard	R	Rosensky	Date:	16-1-20	

#### 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

REV	/JEWING THE REQUEST.
1.	Name of Club or Organization making request Mantowas Co. Miracler Sp. Olympics  Address 1942 Ravensurad Lane Telephone 9016595
2.	Names of Club Officers: Name Address Telephone
	President Jane Pubek 1942 Ravenswood Lane 9016535
	Secretary Richard Rosensky 1110 Hamilton St 6846909
	Treasurer
3.	Facility requested: Ctypeno Pork, Rheauna Park, Halvergon Park, + Westfield Pa
	Equipment requested:
4.	Specific Dates and Hours facility/equipment will be used: Date See Attackned Hrs. SAME
5.	Please explain your request, as to what fees you desire waived or reduced and reasons.  Reduce fees for use of dramonds, open are shelter + concession stand
	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
7.	Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?  Yes No
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? YesNo
	Name Address Telephone
Sign	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.
	amittee Action: Approved Denied Date

EOUIPMENT REQUESTED (Be Specific)
Garbage Cans
Picnic Tables
Benches
Other
Park
N bACK TIME REQUESTED 11 AM - 1PM SED FOR? Special Olympics
SED FOR? Special Olympics
nn G.raff TELEPHONE 2420166 rd Rosinsky
rd Rosensky
ADDRESS 1110 Hamilton St
RGES
<b>,</b>
L Lan Phone 9016535
inless for any and all damage, claims or personal injury claims and brought on the premises shall be at the sole risk of the any injury, loss or damage to said property or injury to any any damage caused to said building, property or equipment
(Person Responsible)
(Person Responsible)
70-1-20
Date
Perec
START TIME:

May 9

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds	Garbage Cans
BB Dlamonds	Picnic Tables
Soccer Fleid	Benches
Tennis Courts - How Many?	Other
Pool	·
AREA REQUESTED Cityens Par	& Diamondo 243
Number of People 400 DATE DESIRED	& Deamonds 2+3  ON back TIME REQUESTED 7AM-5 PM  USED FOR? Special Olympics
WHAT WILL THE EQUIPMENT/FACILITY BE	USED FOR? <u>Special Olympica</u>
Summer Sports Tour	ney
PERSON WHO WILL BE RESPONSIBLE RESPONSIBLE	chard Roundry TELEPHONE 6846909
PERSON MAKING REQUEST 71 22	weat modifically
TELEPHONE 6846909	ADDRESS 1110 Hamilton St.
WHO WILL BE BILLED IF THERE ARE ANY C	
NAME Jane Pret	lek
ADDRESS 1940 Roversu	cool Lane Phone 9016535
occurring during the term of this contract.  It is further agreed that all property of an undersigned and that the City shall not be liable person on the premises.	harmless for any and all damage, claims or personal injury claims by kind brought on the premises shall be at the sole risk of the for any injury, loss or damage to said property or injury to any for any damage caused to said building, property or equipment
CHARGES SIG	GNED Richard Rosinsky (Person Responsible)
APPROVED	•
DENIED	TE 10-1-20
	. Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:

Sat June 19 3021

Rain Date: Sun. June 20 2021

1.

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB DlamondsX	Garbage Cans
BB Dlamonds	Picnic Tables
Soccer Fleld	Benches
Tennis Courts - How Many?	Other
Pool	<del></del>
AREA REQUESTED Pheaume	Park Right Field Green Space
	RED ON LACK TIME REQUESTED LPM-8PM
WHAT WILL THE EQUIPMENT/FACIL	ITY BE USED FOR? Special Olympics
	retice
PERSON WHO WILL BE RESPONSIBLE	Cheryl Kennedy TELEPHONE 6825321
PERSON MAKING REQUEST R	schard Rosensky
	ADDRESS 1110 Hamilton St
WHO WILL BE BILLED IF THERE ARE A	NY CHARGES
NAME Jane P.	nbek
ADDRESS 1942 Roves	roward Lane Phone 9016535
occurring during the term of this contract. It is further agreed that all property undersigned and that the City shall not be person on the premises.	e City harmiess for any and all damage, claims or personal injury claims by of any kind brought on the premises shall be at the sole risk of the liable for any injury, loss or damage to said property or injury to any onsible for any damage caused to said building, property or equipment
CHARGES	SIGNED Cheryl Kennedy (Person Responsible)
APPROVED	
DENIED	DATE
	Date
Director, Parks & Recreation	un ————————————————————————————————————
ATTENDANT(S)	START TIME:

May 10-17-24-31

June 7-14-21-28

July 5-12-19-26

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB DjamondsX	Garbage Cans
BB Diamonds	Picnic Tables
Soccer Fleld	Benches
Tennis Courts - How Many?	Other
Pool	
AREA REQUESTED Halverson Pa	rk Deamond 2
Number of People 20 DATE DESIRED 6A	TIME REQUESTED 4FM - 6FM  Be Specific
WHAT WILL THE EQUIPMENT/FACILITY BE US	SED FOR? Special Olympics
T. Pall maitre	
DERSON WHO WILL BE RESPONSIBLE	wetty Simonar TELEPHONE 173271
PERSON MAKING REQUEST Richar	a Rosinsky
TELEPHONE	ADDRESS 1110 Hamelton St
WILL BE BILLED IF THERE ARE ANY CHA	ARGES
NAME Jana Pribek	
ADDRESS 1942 Rovensus	ood Lane Phone 9016535
PROVISIONS:  The undersigned agrees to hold the City had occurring during the term of this contract.  It is further agreed that all property of any undersigned and that the City shall not be liable for	rmless for any and all damage, claims or personal injury claims kind brought on the premises shall be at the sole risk of the rany injury, loss or damage to said property or injury to any or any damage caused to said building, property or equipment
CHARGES SIGN	NED <u>Paulette Scononal</u> (Person Responsible)
•	E 10-1-28
DENIED	Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:
· · · · · · · · · · · · · · · · · · ·	:

May 18-25

June 1-8-15-22-29

July 6-13-20-27

FACILITY REQUESTED	EORIGMENT REGRESTED (Re 2 pectic)
SB Diamonds X	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 6	TIME REQUESTED 18 AM - 1 PM  Be Specific
WHAT WILL THE EQUIPMENT/FACILITY BE	USED FOR? <u>Special Olympias</u>
solthall practice -	Badgers
PERSON WHO WILL BE RESPONSIBLE 6	Cenn Graff TELEPHONE 2420166
PERSON MAKING REQUEST Rucha	rd Rosinsky.
TELEPHONE 6846909	ADDRESS 110 Hamilton St
WHO WILL BE BILLED IF THERE ARE ANY CH	
	<u> </u>
ADDRESS 1942 Ravensur	mod Lane Phone 90.16535
occurring during the term of this contract.  It is further agreed that all property of an undersigned and that the City shall not be liable	harmless for any and all damage, claims or personal injury claims by kind brought on the premises shall be at the sole risk of the for any injury, loss or damage to said property or injury to any for any damage caused to said building, property or equipment
CHARGESSIG	GNED Genor Graff (Person Responsible)
	TE
DENIED	
	Date
Director, Parks & Recreation	om t by mil tr
ATTENDANT(S)	START TIME:

May 15-22-29

June 5-12-19-26

July 3-10-17-24-31

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds X	Garbage Cans
BB Diamonds	Picnic Tables
Soccer Fleid	
Tennis Courts - How Many?	Other
Pool	
AREA REQUESTED Halvers	son Park Diamond 1
Number of People DATE DESIRED	BE USED FOR? Special Olympics
WHAT WILL THE EQUIPMENT/FACILITY	BE USED FOR? Special Olympics
softball practice " !	Marvel
PERSON WHO WILL BE RESPONSIBLE	Rob Michalet TELEPHONE 815.95-40
PERSON MAKING REQUEST Re	chard Rosinsky
•	ADDRESS 1110 Hambton St
WHO WILL BE BILLED IF THERE ARE ANY	CHARGES
NAME Jane Pulek	<u> </u>
ADDRESS 1942 Lavensu	rood Lane Phone 9016535
PROVISIONS:  The undersigned agrees to hold the City occurring during the term of this contract.  It is further agreed that all property of undersigned and that the City shall not be liable person on the premises.	by harmless for any and all damage, claims or personal injury claims any kind brought on the premises shall be at the sole risk of the le for any injury, loss or damage to said property or injury to any ole for any damage caused to said building, property or equipment
CHARGESS	SIGNED Rob Michalek (Person Responsible)
<b>ADPROVED</b>	•
DENIED	DATE 10 - 1 - 20
	Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:

Tues.

May 18-25

June 1-8-15-22-29

July 6-13-20-27

FACILITY REQUESTED	FORILMENT REGREPTED (Re 2 begins)
SB DiamondsX	Garbage Cans
BB Dlamonds	Picnic Tables
Soccer Fleid	Benches
Tennis Courts - How Many?	Other
Pool	
	Park Deamond 1
	D ON BACK TIME REQUESTED 4PM - 6PM  Be Specific
WHAT WILL THE EQUIPMENT/FACILITY	BE USED FOR? <u>Special Olympics</u>
softball practice -	Bandits
PERSON WHO WILL BE RESPONSIBLE	Dan Schmidt TELEPHONE 3230477
	chard Rosinsky.
TELEPHONE <u>6846969</u>	ADDRESS 1110 Hamilton St
WHO WILL BE BILLED IF THERE ARE AN	Y CHARGES
NAME Jane Pri	bek
ADDRESS 1942 Ravense	wood Lane Phone 9016535
PROVISIONS:  The undersigned agrees to hold the Coccurring during the term of this contract.  It is further agreed that all property coundersigned and that the City shall not be liaperson on the premises.	City harmless for any and all damage, claims or personal injury claims of any kind brought on the premises shall be at the sole risk of the able for any injury, loss or damage to said property or injury to any sible for any damage caused to said building, property or equipment
CHARGES	SIGNED Dan Schmidt (Person Responsible)
APPROVED	
DENIED	DATE 10-12D
	Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:
	<i>t</i> - •

Wedo.

May 19-26

June 3-9-16.23-30

July 7-14-21-28

To - Manutour Special Events Committee

From - Dick Rosinsky + Glenn Groff

RE - Social distancing plan for our Special

Olympics tourney on 6-19-21

Our Plan as follows:

1 We will be using + MYBA diamonds - 2 Parks + Rec. diamonds, so the players + Cooches well be spread out + a great distance apart.

2. There are 2 open air shelters + restrooms.

One located by CP 2 · 3; the other by the

MYBA diamonds. These will be used to

help separate players + Coaches.

3 It will be mandatory that all four watching in the bleachers stay 6 feet away from each other wear a mask.

4 It will be mandatory that of possible four watch the games from behind the outfuld fence + stay & feet apart.

5 It will be mandating that all players + coaches wear a mask when they are not competing in a game.

- 6. It will be mandatory that all forms + volunteers wear a mark as long as they the volunteers can do there job correctly with a mark on.
- 7 All coaches will be required to keep their players together as a team. This will help to prevent socializing with players + coaches of other teams + A gencies.
- 8 Coaches of all the will be given vouchers for their teams lunches. They will present the vouchers to the concession stand volunteers who in turn will give them the number of lunches needed for their players a coaches. By doing this it will avoid a eliminate long lines of people coming to get their lunches.
- 9 Santyer well be placed in all restrooms, open air shelters, dugonts, Concession stand areas. This will be a help of preventive measure so any health issues don't occur.
- 10. In larly I anwary a letter of these socializing plans well be sent to each Competing agency. In that way these Agencies will be made aware of what is expected of them when they come to this event in June.