

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 10/26/2022

EVENT NAME: AP Testing - Lincoln High School

ORGANIZER: MPSD - Ruby Gutierrez

E-MAIL ADDRESS: gutierrezr@mpsd.school

EVENT DATE: May 1-5 & 8, 2023

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Lincoln High School will conduct AP testing for 90 students in the Lincon Park Fieldhouse for 6 days. They are able to be out during the weekend if another renter wishes to use the facility.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Dan Koski /ec Kim Lynch /ec Courtney Hansen /ec Jason Russ /ec	

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:



CITY OF MANITOWOC – DEPARTMENT OF TOURISM
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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: Lincoln High School Advanced Placement Testing

1. Name of club/organization making request Lincoln High School
Address 1433 South 8th Street Manitowoc Telephone 920-663-9605
Email gutierrezr@mpsd.school

 2. Names of club officers:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
President <u>Lee Thennes</u>	<u>1433 South 8th Street</u>	<u>920-663-9600</u>
Secretary <u>Ruby Gutierrez</u>	<u>1433 South 8th Street</u>	<u>920-663-9605</u>
Treasurer _____	_____	_____

 3. Facility requested: Lincoln Park Fieldhouse # of people 90
Equipment requested: _____

 4. Specific dates and hours facility/equipment will be used: Date(s) May 1st - 5th and May 8 Hrs. 7am - 4pm

 5. Please explain your request, as to what fees you desire waived or reduced and reasons Rental fee and security deposit.
We are a non profit public school

 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 _____

 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 N/A

 9. What will revenues be used for? N/A

 10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No _____
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____
- Signed Ruby Gutierrez Date 10/17/22

Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, return this form to the City of Manitowoc – Tourism Department

900 Quay St., Manitowoc , WI 54220 · Phone 920-686-3508 · Fax 920-686-6525 · E-mail echristel@manitowoc.org