Sonja Birr

From:

Katelin Dorow

Sent:

Friday, May 7, 2021 11:11 AM

To:

Sonja Birr

Cc: Subject: Curtis Hall; Amanda Orth Agenda for next PI meeting

Attachments:

20210504083149325.pdf; 20210504083144086.pdf

Hi Sonja,

I am submitting a fee waiver on behalf of Special Olympics. Dan and the Mayor requested that it be sent to PI for approval.

Just to confirm, the next meeting will be on June 2 at 5:30 pm?

Thanks,

Katie



Phone: (920) 686-3064
Pronouns: she/her/hers

CITY OF MANITOWOC – DEPARTMENT OF PUBLIC INFRASTRUCTURE 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: Special Olymperes VB Practice		
1. Name of club/organization making request Manutowa Co. Mercules 5p. C			
	Address 1942 Ravenswood Lane Telephone 9016535		
2.	Names of club officers: Name Address Telephone		
	President Jane Pribes 1942 Rovensurod In. 9016535		
	Secretary Ruhard Rosensky 1110 Hamilton St 3748814		
	Treasurer		
3.	Facility requested: CP Gym		
	Equipment requested: VB Standerso + Neto		
4.	Specific dates and hours facility/equipment will be used: Date(s) Sept 9- Nov 4 Hrs. 5-6 P		
5.	Please explain your request, as to what fees you desire waived or reduced and reasons. Research		
<i>c</i>			
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 NoX		
8.	If #7 is "yes," explain and list specific charges		
9.	What will revenues be used for?		
10.	Do you wish to meet personally with the Committee to discuss this request? Yes No		
Signed_	Richard Rusinsky Date 5-4-21		
Please s	attach any additional information which you feel will assist the committee in avaluating your request		

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 - Dept. of Public Infrastructure
900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3580 · Fax 920-686-6525 · E-mail parksadmin@manitowoc.org

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10.	Do you wish to meet personally with the Committee to discuss this request? Yes NoX If "yes," please provide the following information of individual to contact:		
	NameAddressTelephone		
Signed	Richard Rusinsky Date 5-4~21		
Please s	attach any additional information which you feel will assist the committee in evaluating your request		

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MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds	Garbage Cans
BB Dianionds	Picnie Tables
Soccer Fleid	Benches
Tennis Courts - How Many?	OtherX
Pool	
AREA REQUESTED Citizens	Park - Gym
Number of People 36 DATE DESIRED	USED FOR? Special Olympias
WHAT WILL THE EQUIPMENT/FACILITY BE	EUSED FOR? Special Olympias
volleyball practice	
PERSON WHO WILL BE RESPONSIBLE A	moth WiellnesTELEPHONE 6524135
PERSON MAKING REQUEST Reco	Raed Rosinsky
TELEPHONE 92037489/4	ADDRESS 1110 Hamilton St
WHO WILL BE BILLED IF THERE ARE ANY CONTROL of the NAME of the Nam	
ADDRESS 1942 Ravens	corrol Lane Phone 9016535
occurring during the term of this contract. It is further agreed that all property of ar undersigned and that the City shall not be liable person on the premises.	Inarmless 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 the for any damage caused to said building, property or equipment
CHARGES SIG	GNED Annette Wuellner
APPROVED	(Person Responsible)
DENIED	3 - 23 - 21
	Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:

Thurs S-ept 9-16-23-30 Oct 7-14-21-28

Nov 4

* * Need help with setting up nets.
We will take nets down + put
nets + poles away

Katie thanks for your help Mr R