

Public Infr  
10-6-14

Special Events Request

MANITOWOC TWO RIVERS YMCA

205 Maritime Drive • P.O. Box 471 • Manitowoc, WI 54221-0471  
Phone 920 682 0341 • Fax 920 682 2620  
www.mtrymca.org

14-1968



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

September 19, 2014

Dear Manitowoc City Council,

On behalf of the Manitowoc / Two Rivers YMCA and Festival Foods we request your permission to hold the 7<sup>th</sup> Annual Festival Foods Turkey Trot Run. This event is a family friendly event taking place on Thanksgiving Day morning in Fox Cities, Fond du lac, Green Bay, Oshkosh, Eau Claire, LaCrosse, Marshfield and hopefully Manitowoc. The event will be a 2 mile walk and a 5 mile run.

This event will be held on Thursday, November 27, 2014 from 8:00 a.m. until 10:00 a.m.

In years past I have worked with Deputy Chief Bridgett Brennan of the Manitowoc Police Department and Randy Junk of the Manitowoc Department of Public Works. I would be glad to work with them if this event gets approved. This event will be responsible for any fees/overtime acquired from any of our city services connected with this event.

This event will have volunteers stationed on the course. Included is a race route.

The following attachment is a detailed map of the route. Insurance forms will be sent separately.

Thank you for your time.

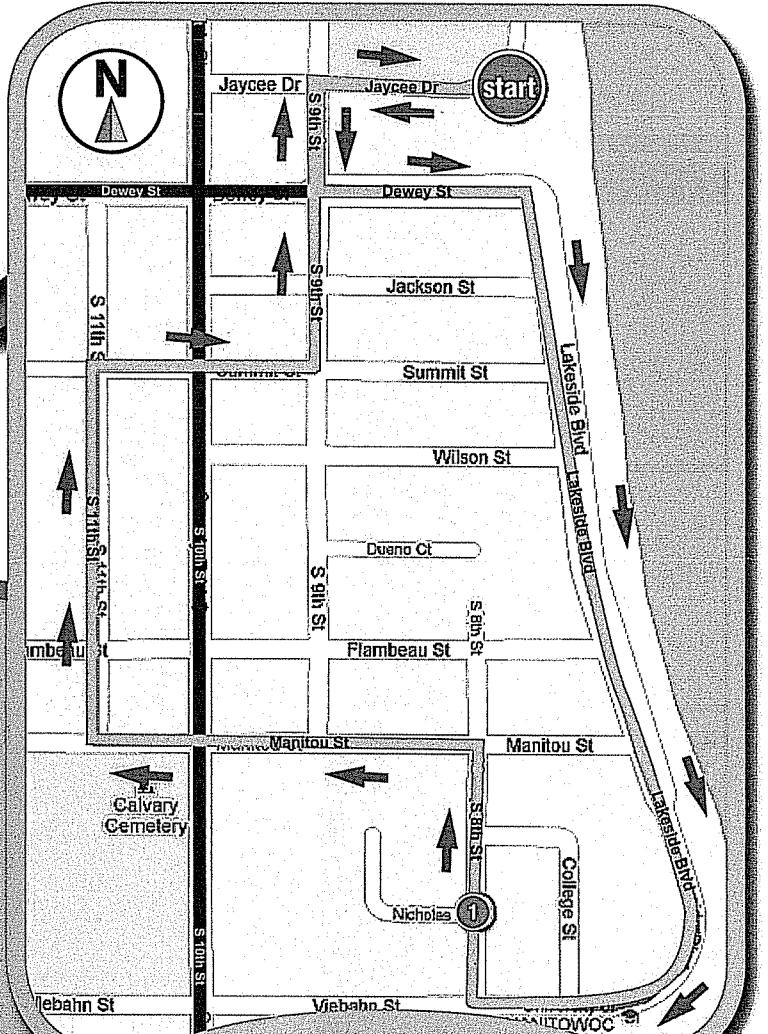
If you have any questions please contact me at (920) 482-1520.

Craig Pautz  
Wellness Director  
Manitowoc / Two Rivers YMCA  
[cpautz@mtrymca.org](mailto:cpautz@mtrymca.org)

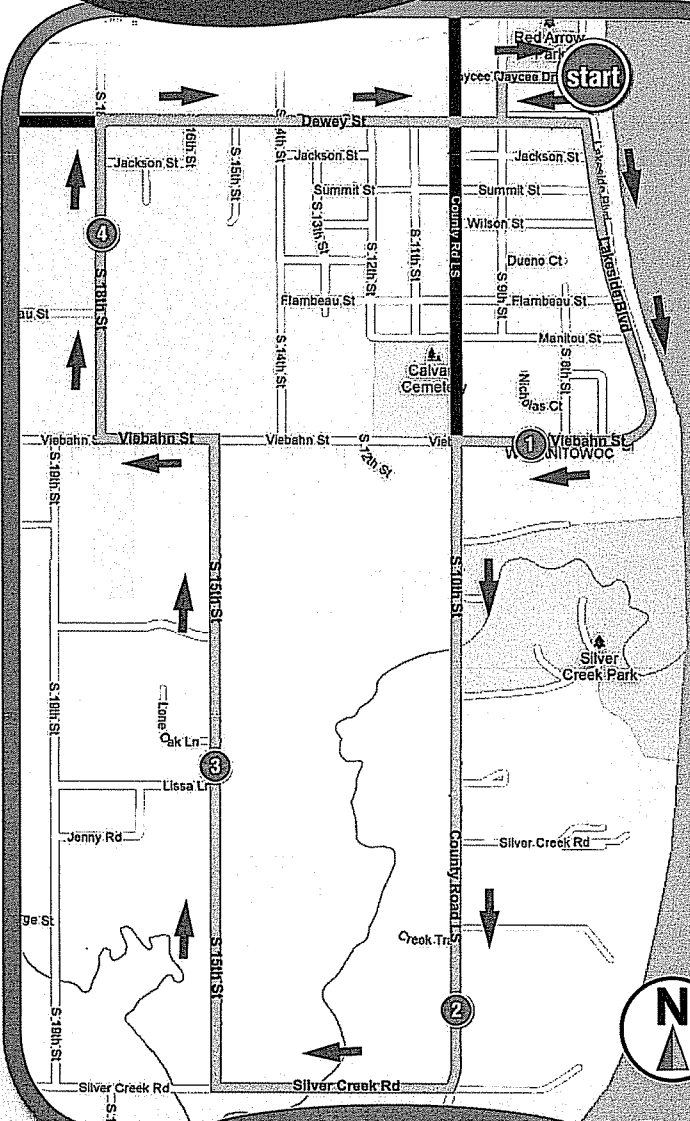
# festival foods TURKEY TROT

Manitowoc, WI

Event begins at  
8:00 a.m.



2 mile course



5 mile course



For 5 mile race results, visit:

[www.FestivalFoodsTurkeyTrot.com](http://www.FestivalFoodsTurkeyTrot.com)

RE: 7<sup>th</sup> Annual Festival Foods Thurs. Nov 27, 2014

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  
(686-6540) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
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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"/>