

Park Rec
4-21-14

14-703

NOTICE: This application must be on file in the City Clerk's Office a minimum of 30 days prior 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.

SPECIAL EVENTS APPLICATION FORM

- 1. Name/Description of Event: Camp Vits Tree Project
- 2. Date of Event: 04 / 25 / 2014 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 4:00 AM/PM Actual Start Time: 2:00 AM/PM Finish Time: 6:00 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Northeast Wisconsin Offroad Mountain Biking (NEWOM)
 Name of organization, if applicable
Rhienna Christine Gabriel
 Name (first, middle, and last) of individual organizing the Event
1374 Hazelwood Drive
 Street Address
Manitowoc, WI 54220
 City, State, ZIP

Telephone # (920) 316-0311
 Business # () -
 (if applicable)
 Date of Birth 02 / 08 / 1984
 of organizing individual

Is the sponsoring organization a 501(c)(3) organization? Yes No

- 5. Email address of organizer: rhienna.jensen@gmail.com
- 6. Location of the Event: Please attach a detailed map or diagram of your event. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. The event will take place at Camp Vits. Trees will be planted along the southern border of the city park entrance (near the border of the park to residential property) beginning from the woods and extending toward Parkside Road.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Camp Vits City Park

Have you reserved the park for this purpose? Yes No If no, please contact the Parks Department at (920) 686-3580.

Does the event require streets to be closed? Yes No If yes, which street(s):

Will the event be held indoors? Yes No If yes, what building?
Building Name & Street Address

7. Tell us about your Event:

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

What is the estimated attendance at your event, including observers? 50 people

How many vendors will be at your event? n/a How many vehicles? 2

Do you require any special parking restrictions? Yes No If yes, what type, when, and where:

Will any of the following services be required? Barricades Clean-up Street-sweeping
For help defining your parking, clean-up, and barricade needs, please contact the Department of Public Works at (920) 686-6550.

Will a tent or any other temporary structures be erected? Yes No

Will any fireworks or pyrotechnic devices be used during the event? Yes No
Contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

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: _____
no toilets will be provided for this event

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.

8. 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. You must submit the insurance certificate to the City Clerk's Office at least 10 days before your event.

Designated contact person for the event:

Rhienna Gabriel
Name of Day-of coordinator

920 316 0311
() -
Phone # before event

920 316 0311
() -
Phone # the day of the event

Is security needed for this event? Yes No

Name of Security Coordinator

() -
Phone # before event

() -
Phone # the day of the event

Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No

9. Fees & Reimbursement: The standard fees for equipment rental and licenses will apply. The City may also require reimbursement for extraordinary expenses for your event. To request a waiver of the extraordinary expenses, please submit a letter detailing your request.

10. 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, liquor licenses, tent 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.

Signature of Applicant: R. C. Gabriel, NEWCOM Member Date: 7/14/14

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds n/a
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? -
Pool n/a

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans n/a
Picnic Tables _____
Benches _____
Other _____
Staging _____

AREA REQUESTED Camp Vits City Park

Number of People EST. 50 DATE DESIRED 4/25/14 TIME REQUESTED 1400-1800
OR LESS Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Tree donation and
planting

PERSON WHO WILL BE RESPONSIBLE Rhienna Gabriel TELEPHONE (920) 316-0311
NEWOM

PERSON MAKING REQUEST Rhienna Gabriel

TELEPHONE _____ ADDRESS _____

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME NEWOM
ADDRESS _____

PROVISIONS:

The undersigned agrees to hold the City harmless for any and all damage, claims or personal injury claims occurring during the term of this contract.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person on the premises.

The undersigned agrees to be responsible for any damage caused to said building, property or equipment by mischief or negligence.

CHARGES _____

SIGNED R. C. Gabriel NEWOM Member
(Person Responsible)

APPROVED _____

DATE _____

Parks or Recreation Manager

DATE _____

ATTENDENT(S) NEWOM, Manitowoc community

4/25/14
START TIME: 1600