

Parker Rec
6-16-14

14-1245

SPECIAL EVENTS APPLICATION FORM

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.

1. Name/Description of Event: Silver Creek cyclocross bike race
2. Date of Event: 10 / 5 / 14 If multiple days, Start Date: _____ End Date: _____
- prep for the event will start 10/4/14
3. Time Event will start to form: 7:00 AM PM Actual Start Time: 9:00 AM PM Finish Time: 5:00 AM PM
4. Name and complete address of Organization/Individual organizing the Event:

Heavy Pedal Velo Club
Name of organization, if applicable

Eric Schram
Name (first, middle, and last) of individual organizing the Event

844 Lincoln Blvd
Street Address

Manitowoc, WI 54220
City, State, ZIP

Telephone # (920) 629-0560

Business # (____) _____ - _____
(if applicable)

Date of Birth ____/____/____
of organizing individual

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

RECEIVED
JUN - 4 2014
CITY CLERKS OFFICE

5. Email address of organizer: Schram844@hotmail.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.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Silver Creek

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? Silver Creek Field House - For registration
Building Name & Street Address

7. Tell us about your Event:

Will food be prepared and/or served at the event? Yes No - Late's BBQ will bring their food trailer
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? 300

How many vendors will be at your event? 2 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 - a obstacle will be erected as part of the race course. See map.

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: _____
Restrooms will be used in the fieldhouse, and a portable toilet in parking lot

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:

Eric Schram (920) 629-0560 () Same
Name of Day-of coordinator Phone # before event 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: Eric M. Schram Date: 6/3/14

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 _____
BB Diamonds _____
Soccer Field _____
Tennis Courts - How Many? _____
Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 10
Picnic Tables _____
Benches _____
Other _____
Staging _____

AREA REQUESTED Silver Creek Park Field House

Number of People 300 DATE DESIRED 10/5/14 TIME REQUESTED 7:00 am - 5:00 pm
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Silver Creek field house
will be used for race registration and restrooms.

PERSON WHO WILL BE RESPONSIBLE Eric Schvan TELEPHONE 920-629-0560

PERSON MAKING REQUEST Eric Schvan

TELEPHONE 629-0560 ADDRESS 844 Lincoln Blvd, Manitowoc

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Heavy Pedal Velo Club
ADDRESS 826 South 8th Manitowoc, WI

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 E.M. Schvan
(Person Responsible)

APPROVED _____ DATE 6/3/14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

*No Overall prizes

Race Start Times, Entry Fees and Race Duration

- ❖ Warm-up time on the course will be allowed between races
- ❖ There should be NO cash prizes in the Elite and Women's Category 4, Elite 5, Masters Cat. 4 and Juniors races
- ❖ Entry fees shall include all USAC surcharges, WCA fees and any other fees charged to event organizers by local entities
- ❖ Entry fees do not include any Park admission fees or late entry fees, which may be added at the discretion of the event organizers

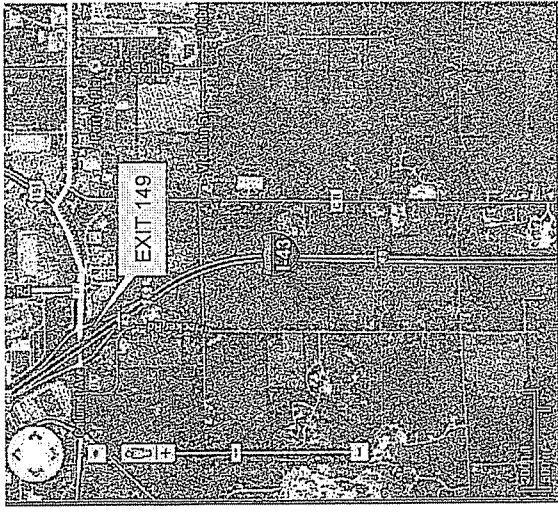
The race day schedule and recommended prize list and entry fees are:

Time	Class/Category	Duration	Prizes	Places	Entry Fee
9:00	Masters 35+ Category 4	30 Minutes	Merchandise	3	\$25
	Masters 45+ Category 4	30 Minutes	Merchandise	3	\$25
	Masters 55+ Category 4	30 Minutes	Merchandise	3	\$25
9:45	Category 5	30 Minutes	medals	3	\$25
	Junior 15-18 Boys	30 Minutes	Merchandise	3	\$15
	Junior 10-14 Boys	30 Minutes	Merchandise	3	\$15
	Junior 15-18 Girls	30 Minutes	Merchandise	3	\$15
	Junior 10-14 Girls	30 Minutes	Merchandise	3	\$15
10:30	Category 4	30 Minutes	Merchandise	5	\$25
11:15	Women Category 4	30 Minutes	Merchandise	3	\$25
	Women Masters Open	30 Minutes	Merchandise	3	\$25
Noon	Course Pre-Ride and Inspection				
12:15	Elite Pro/1/2	60 Minutes	\$100-\$75-\$50-\$30-\$25	5	\$30
	Women Category 3	45 Minutes	\$50-\$40-\$30	3	\$30
1:30	Women P/1/2	45 Minutes	\$100-\$75-\$50	3	\$30
	Single Speed	45 Minutes	Merchandise	3	\$25
	Masters 35+ Category 1/2/3	45 Minutes	\$50-\$40-\$35-\$30-\$25	3	\$30
2:30	Masters 45+ Category 1/2/3	45 Minutes	\$50-\$40-\$30	3	\$30
	Masters 55+ Category 1/2/3	45 Minutes	\$50-\$40-\$30	3	\$30
3:30	Elite 3	45 Minutes	\$50-\$40-\$35-\$30-\$25	5	\$30

Larger and deeper cash prize lists are encouraged. Higher cash prizes will encourage higher caliber racers to attend events.

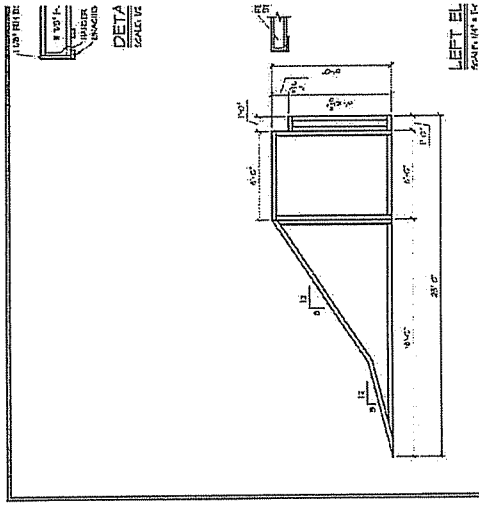
Individual Series Points

- ❖ WCA Cyclocross points awarded per Race (Place-Pts. awarded): 1st-20, 2nd-17, 3rd-15, 4th-14, 5th-13, 6th-12, 7th-11, 8th-10, 9th-9, 10th-8, 11th-7, 12th-6, 13th-5, 14th-4, 15th-3, 16th-2, 17th-1, 18th-1, 19th-1, 20th-1



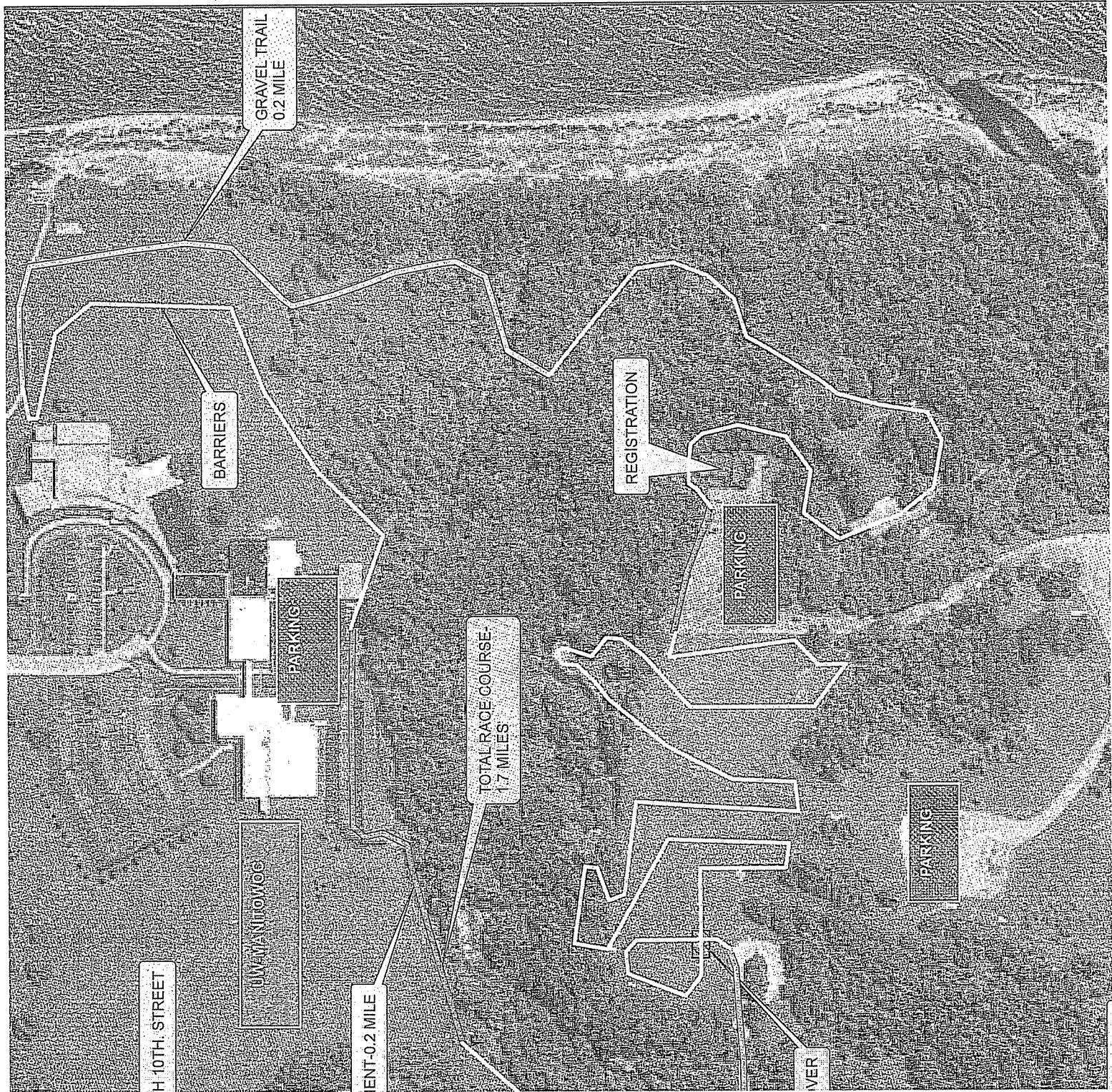
ADDRESS TO USE FOR GPS
 3001 SOUTH 10 STREET
 MANITOWOC, WI 54220

FLY-OVER



BROUGHT

HEAVY



RE: Heavy Pedal Velo Club - Silver Creek Bike Race

10/5/14

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)

		NO	
	N/A	CHARGE	CHARGE
LABOR	_____	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	_____	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

POLICE
(686-6500) No Issues

		NO	
	N/A	CHARGE	CHARGE
LABOR	_____	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	_____	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Quinn Dick Date 6/5/14

FIRE
(686-6500)

		NO	
	N/A	CHARGE	CHARGE
LABOR	_____	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	_____	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____

DPW
(683-4550)

		NO	
	N/A	CHARGE	CHARGE
LABOR	_____	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	_____	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature _____ Date ____/____/____