

Park Rec
10-6-14

14-1998

RECEIVED

SEP 26 2014

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.

CITY CLERK'S OFFICE

SPECIAL EVENTS APPLICATION FORM

- 1. Name/Description of Event: MANITOWOC COUNTY MIRACLES Sp. OLY. TOURNEY
- 2. Date of Event: 6.13.15 If multiple days, Start Date: ___/___/___ End Date: 6/14 RAIN DATE
- 3. Time Event will start to form: 6 AM/PM Actual Start Time: 9 AM/PM Finish Time: 5 AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

MANITOWOC COUNTY MIRACLES Sp. O. Telephone # (920) 693 3977
Name of organization, if applicable

RICHARD R. ROSINSKY Business # (930) 684 6909
Name (first, middle, and last) of individual organizing the Event (if applicable)

1110 HAMILTON ST Date of Birth 8/25/50
Street Address of organizing individual

MANITOWOC W. 54220
City, State, ZIP

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

5. Email address of organizer: NONE

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? CITIZENS 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): WAIVER OF FEES REQ. ATTACHED.

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? 500 PEOPLE

How many vendors will be at your event? NONE How many vehicles? _____

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 **NONE REQUIRED**
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: CITIZENS PARK RESTROOMS by CONCESSION STAND

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:

RICHARD R. ROSINSKY (920 686-6909) () 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: Richard R Rosinsky Date: 70-1-127

COMMITTEE RECOMMENDATION: _____ DATE: _____

COMMON COUNCIL APPROVAL: _____ DATE: _____

DID COMMON COUNCIL WAIVE FEES & REIMBURSEMENT ? Yes No

**MANITOWOC PARKS DEPARTMENT
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 Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

1. Name of club/organization making request MANITOWOC COUNTY MIRACLES Sp. OLY
Address 13228 PIONEER RD. NEWTON 53063 Telephone 6933977

 2. Names of club officers: Name Address Telephone
 President KRIS ZOLLTHEIS 13228 PIONEER RD 6933977
 Secretary RICHARD ROSINSKY 110 HAMILTON ST 6946909
 Treasurer _____

 3. Facility requested: CITIZENS PARK, RHEAUME PARK, HALVERSON PARK, WESTFIELD PARK
 Equipment requested: _____

 4. Specific dates and hours facility/equipment will be used: Date SEE ATTACH Hrs. SAME
MENT

 5. Please explain your request, as to what fees you desire waived or reduced and reasons. REDUCED FEES
FOR USE OF DIAMONDS, CONCESSION STANDS + OPEN AIR SHELTER

 6. Which do you consider your group to be?
 A. Community service _____ B. Non-profit X 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 X

 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 Board/Committee to discuss this request? Yes _____ No X
 If "yes," please provide the following information of individual to contact:
 Name _____ Address _____ Telephone _____
- Signed Richard R Rosinsky Date 10-1-14

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

When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____



MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

SB Diamonds X

BB Diamonds _____

Soccer Field _____

Tennis Courts - How Many? _____

Pool _____

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans 12 extra

Picnic Tables 12 extra

Benches _____

Other _____

Staging _____

AREA REQUESTED Citizens Park Diamonds 1-2- +3 + open air shelter + concession stand

Number of People 500 DATE DESIRED ON BACK TIME REQUESTED 6AM - 5PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
summer sports tourney

PERSON WHO WILL BE RESPONSIBLE Richard Rosinsky TELEPHONE 6846909

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Richard Rosinsky
ADDRESS 1110 Hamilton St Manitowoc WI 54220

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 Richard Rosinsky
(Person Responsible)

APPROVED _____ DATE 10-1-14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

over

Saturday June 13, 2015

Ram Date

Sunday June 14, 2015

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

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

EQUIPMENT REQUESTED (Be Specific)

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

AREA REQUESTED Westfield Park

Number of People 30 DATE DESIRED ON BACK TIME REQUESTED 11 AM - 2 PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
summer sports assessment testing

PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 2420166

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Richard Rosinsky
ADDRESS 1110 Hamilton St Manitowoc WI 54330

PROVISIONS:

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CHARGES _____ SIGNED Glenn Graff
(Person Responsible)

APPROVED _____ DATE 10-1-14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

over

Sunday May 3, 2015

MANITOWOC PARK & RECREATION DEPARTMENT EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

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

EQUIPMENT REQUESTED (Be Specific)

Garbage Cans _____
Picnic Tables _____
Benches _____
Other _____

AREA REQUESTED

Westfield Park

Number of People 20 DATE DESIRED ON BACK TIME REQUESTED 12 PM - 3 PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
softball practice - Badgers

PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 2420166

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Richard Rosinsky
ADDRESS 1110 Hamilton St Phone 6846909

PROVISIONS:

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CHARGES _____

SIGNED Glenn Graff
(Person Responsible)

APPROVED _____

DATE 10-1-94

DENIED _____

Date _____
Director, Parks & Recreation

ATTENDANT(S) _____ START TIME: _____

over

Saturdays

May 9 - 16 - 23 - 30

June 6 - 13 - 20 - 27

July 11 - 18 - 25

Aug 1

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds X

Garbage Cans _____

BB Diamonds _____

Picnic Tables _____

Soccer Field _____

Benches _____

Tennis Courts - How Many? _____

Other _____

Pool _____

Staging _____

AREA REQUESTED Halverson Park Diamond 1

Number of People 30 DATE DESIRED ON BACK TIME REQUESTED 4PM - 5:30 PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
softball practice - Bandits

PERSON WHO WILL BE RESPONSIBLE Fred Neuenfeldt TELEPHONE 6829312

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Richard Rosinsky
ADDRESS 1110 Hamilton St 6846909

PROVISIONS:

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CHARGES _____ SIGNED Fred Neuenfeldt
(Person Responsible)

APPROVED _____ DATE 10-1-14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

over

Wednesdays

May 6 - 13 - 20 - 27

June 3 - 10 - 17 - 24

July 1 - 8 - 15 - 22 - 29

Aug 5

MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

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

EQUIPMENT REQUESTED (Be Specific)

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

AREA REQUESTED Halverson Park Diamonds 1-2

Number of People 30 DATE DESIRED ON BACK TIME REQUESTED 4 PM - 5:30 PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics
t-ball practices

PERSON WHO WILL BE RESPONSIBLE Paulette Simonar TELEPHONE 7932977

PERSON MAKING REQUEST Richard Rosinsky

TELEPHONE 6846909 ADDRESS 1110 Hamilton St

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME Richard Rosinsky
ADDRESS 1110 Hamilton St Manitowoc WI 54220

PROVISIONS:

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CHARGES _____ SIGNED Paulette Simonar
(Person Responsible)

APPROVED _____ DATE 10-1-14

Parks or Recreation Manager DATE _____

ATTENDENT(S) _____ START TIME: _____

Over

Tuesdays

May 19-26

June 2-9-16-23-30

July 7-14-21-28

Aug 4