

15-243

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: Manitowoc Sunrise Rotary Annual Run/Walk
- 2. Date of Event: 10 / 17 / 2015 If multiple days, Start Date: / / End Date: / /
- 3. Time Event will start to form: 7:00AM AM/PM Actual Start Time: 9:00AM AM/PM Finish Time: 11:00AM AM/PM
- 4. Name and complete address of Organization/Individual organizing the Event:

Manitowoc Sunrise Rotary

Name of organization, if applicable

Telephone # () 323 - 9811

Paul Roekle

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

Business # (920) 323 - 9811
(if applicable)

2325 Victoria Drive

Street Address

Date of Birth 07 / 20 / 1944

of organizing individual

Manitowoc, WI 5420

City, State, ZIP

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

- 5. Email address of organizer: proekle@comcast.net

- 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. Lincoln Park, City Sidewalks and Streets near Lincoln Park

Will the event be held in a Manitowoc park or utilize any park facilities? Yes No Which park? Lincoln 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): One Southbound Lane of Memorial Drive Between Waldo Blvd and Johnston Drive

Will the event be held indoors? Yes No If yes, what building? Cabin 1
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.

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Will you be having a band or amplified music? Yes No

What is the estimated attendance at your event, including observers? 200

How many vendors will be at your event? -0- How many vehicles? 50

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

REQUEST FOR SPECIAL EVENTS PRIVILEGE

Today's Date: 2-19-2015

Request Date: 10-17-2015

Organization: Manitowoc Sunrise Rotary Club
Contact Person: Paul Roekle
Address: 2325 Victoria Drive
Manitowoc, WI 54220
Cell: (920)323-9811

Re: Request for use of sidewalks and streets for 5K Run in and near Lincoln Park.

Manitowoc Sunrise Rotary Club requests permission to hold it's tenth annual run/walk event at and near Lincoln Park. The 5K run would be held on Saturday October 17, 2015 in the morning. We request to use the route described below for the 5K race.

The run would proceed at 9:00am. The start and finish would be in the Cabin # 1 picnic area. The area and Cabin 1 would be used for parking and registration.

From the starting line, the run would proceed south from the #1 picnic area to the park road and then follow the road past the zoo, loop out to the east sidewalk of North 8th Street, south on the sidewalk to Oak Street, east on Oak Street sidewalk to North 4th Street and south on North 4th Street sidewalk to Waldo Boulevard. We would then proceed east on Waldo to Memorial Drive, using the north sidewalk of Waldo, to the end of the sidewalk, proceeding on Waldo Boulevard to Memorial Drive, to Johnston Drive and then to East Park View Lane. We would follow west on East Park View to Reed Avenue. On Reed we would use the south sidewalk to enter the park at the petting zoo entrance, then into the zoo, proceeding out of the zoo main entrance, then following the road back to Picnic Area #1.. The race would finish within the park at the Cabin #1 picnic area.

The race itself would take approximately 20 to 40 minutes. We would temporarily have to control traffic on Memorial Drive, Johnston Drive and East Park View Lane.

The following times are approximate:

9:00AM: **Start Run**
9:04AM: Picnic area #2 to **Zoo:**
9:10AM: Zoo to **North 8th Street:**
9:12AM: North 8th Street to **Oak Street:**
9:14AM: Oak Street to **North 5th Street**
9:15AM: North 5th Street to **Waldo Blvd:**
9:20AM: Waldo Blvd to **Johnston Drive:**
9:23AM: Johnston Drive to **East ParkView Lane:**
9:25AM: East Park View Lane to **Reed Ave:**
9:26AM: Reed Ave to **Petting Zoo:**
9:31AM: Petting Zoo to **Finish** at #2 Picnic Area:

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The 5K run will be divided into age groups with fees charged for registration. Prior to October 1, the fee would be \$17.00 per person and after October 1, the fee would be \$20.00. The funds raised will be used for Rotary sponsored community youth projects and local scholarships.

Manitowoc Sunrise Rotary Foundation is a 501(c)(3) tax exempt organization.

Thank you for your consideration of this event. For any questions, I can be contacted at the following numbers:

Cell: 920-323-9811

Proekle@comcast.net

Paul Roekle 2/19/2015

Paul Roekle

MANITOWOC PARKS DEPARTMENT
**SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
 FOR USE OF CITY FACILITIES OR EQUIPMENT**

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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 SUNRISE ROTARY CLUB
 Address 2325 VICTORIA DRIVE, MANITOWOC, WI 54220 Telephone 920-323-9811

2. Names of club officers:

Name	Address	Telephone
President <u>ROXANNA STRAWN</u>	<u>1051B MADISON STREET</u>	<u>920-686-6150</u>
Secretary <u>JUDY SCHMIDT</u>	<u>2103 RICHMOND AVE</u>	<u>920-683-2482</u>
Treasurer <u>MICHELLE BUDYSZ</u>	<u>1226 SOUTH 26 STREET</u>	<u>920-769-0433</u>

3. Facility requested: CABIN 1 @ LINCOLN PARK
 Equipment requested: _____

4. Specific dates and hours facility/equipment will be used: Date OCTOBER 17, 2015 Hrs. 6:00AM-12:00AM

5. Please explain your request, as to what fees you desire waived or reduced and reasons. REQUEST ALL FEES TO WAIVED, NON PROFIT FUND RAISER TO BENEFIT LOCAL CLUB PROJECTS

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 _____ No _____

8. If #7 is "yes," explain and list specific charges REGISTRATION FEE COLLECTED FROM ENTRANT, \$20.00 PER PERSON

9. What will revenues be used for? LOCAL SCHOLARSHIPS AND YOUTH PROJECTS

10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No _____
 If "yes," please provide the following information of individual to contact:
 Name PAUL ROEKLE Address 2325 VICTORIA DRIVE, MANITOWOC, WI 54220 Telephone 920-323-9811

Signed  PAUL ROEKLE proekle@comcast.net 920-323-9811 Date 2/19/2015

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 _____

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MANITOWOC PARKS & RECREATION DEPARTMENTS
EQUIPMENT & FACILITY REQUEST FORM

FACILITY REQUESTED

EQUIPMENT REQUESTED (Be Specific)

SB Diamonds _____

Garbage Cans _____

BB Diamonds _____

Picnic Tables _____

Soccer Field _____

Benches _____

Tennis Courts - How Many? _____

Other _____

Pool _____

Staging _____

AREA REQUESTED LINCOLN PARK, CABIN 1

Number of People 200 DATE DESIRED 10/17/2015 TIME REQUESTED 7:00AM - 12:00PM
Be Specific

WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? 10TH ANNUAL ROTARY RUN/WALK

PERSON WHO WILL BE RESPONSIBLE PAUL ROEKLE TELEPHONE 920-323-9811

PERSON MAKING REQUEST PAUL ROEKLE

TELEPHONE 920-323-9811 ADDRESS 2325 VICTORIA DRIVE, MANITOWOC WI 54220

WHO WILL BE BILLED IF THERE ARE ANY CHARGES

NAME ROTAY CLUBS: MANITOWOC SUNRISE ROTARY
ADDRESS 2325 VICTORIA DRIVE 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 *Paul Roekle* PAUL ROEKLE
(Person Responsible)

APPROVED _____

DATE _____

Parks or Recreation Manager

DATE _____

ATTENDENT(S) _____

START TIME: _____