CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org
May 17, 2017



Mr. Glenn Graff 1716 Western Ave. Manitowoc, WI 54220

Dear Mr. Graff:

RE: Manitowoc Co. Miracles Special Olympics Tournament – June 17, 2017

Your request to use ball diamonds 2 & 3, concession stand and open air shelter at Citizen Park for Manitowoc County Miracles Special Olympics Tourney on June 17, 2016, with a rain date of June 19, 2016, was acted upon by the Special Events Committee at their meeting of May 15, 2017..

At said meeting the Committee granted your request.

At least 10 days prior to your event, in accordance with City policy, please have your insurance agent submit a certificate of insurance along with additional insured endorsement to my office to evidence your organization's liability insurance coverage. To expedite, please fax to 920-686-6959 or e-mail to dneuser@manitowoc.org. Special Events Insurance Requirements are also enclosed.

Please contact the Recreation Department at 686-3060 for rental of the various ball diamonds, open air shelter and concession stand.

If you have any questions, please contact me at 920-686-6950.

Very truly yours,

Series Hidon

Jennifer Hudon City Clerk

JH:dan

cc: Richard Rosinsky

Chief of Police Nick Reimer

Fire Chief Todd Blaser

Randy Junk, Operations Division Mgr. (Streets)

Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)

Karen Dorow, Business Manager

Jennifer Hudon, MPA, City Clerk/Deputy Treasurer CITY HALL · 900 Quay Street · Manitowoc, WI 54220-4543 Phone (920) 686-6950 · Fax (920) 686-6959 · jhudon@manitowoc.org



SPECIAL EVENT COMMITTEE APPROVAL FORM

EVENT NAME: Mtwc. Co. Miracles Special Olympics Tournament

EVENT DATE: 6/17/17 (Raindate 6/18/17)

& trash cans.

ORGANIZER: Mtwc. Co. Miracles Special Olympics - Richard Rosinski

LOCATION/DESCRIPTION: Tournament at Citizen Park for bocce ball, t-ball, & softball. Use of

NEW OR RECURRING: Recurring

diamonds 2 & 3, City's concession stand, open air shelter, picnic tables,

MEETING DATE: 5/15/2017

ESTIMATED CITY COSTS: ESTIMATED EVENT HOLDER CHARGES: 0 **POLICE** LATE APPL. FEE (<60 days) 0 FIRE STAKE PERMIT **PARKS** 482 **DELIVERY CHARGES** 125 **RECREATION** 260 (if delivery requested) **STREETS TOTAL E.H. CHARGES** 125 **TOTAL CITY COSTS** 742 **GRAND TOTAL** 867 **COMMITTEE CONCERNS: COMMITTEE DECISION: APPROVE** DENY **COUNCIL ACTION REQUIRED:** ITEMS TO INCLUDE IN LETTER:

City of Manitowoc SPECIAL EVENTS APPLICATION FORM

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Someone see speed speed	SEP	97	2016	A CONTRACTOR AND ADDRESS OF THE PARTY OF THE

NOTICE: This application must be turned in to the Parks Office a minimum of 60 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. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

	and a second of the second of	A CO CO CONTRACTOR CON
1.	Name/Description of Event: Manatowoz Co. Min	roles Special Olympias Toruns.
2.	Date of Event: 6-17-17 If multiple days, Start Date:	End Date:
3.	Time Event will Begin Setup: AMPM Actual Start Time:	AM/PM Finish Time: AM/PM
4.	Name and Complete Address of Organization/Individual Organizing t	he Event:
	Manuface Co. Miracles Sp. Oly. Name of organization responsible for event	
	Name of organization responsible for event	
	Richard Rosinsky	Telephone # PRIOR TO event (926) 6846909
	Name (first, middle, and last) of event organizer	
	Clean Graff	Telephone # DURING event (926) 242 0162
	Contact name DURING event (at different)	
	1716 Western Ave.	
	Manitowa We 54230	CONCECTO Last
	Manufarva We 54230	E-mail address GRAFFS @ /so/. Net of event organizer
	City, State, Zip	th event digameer
	Is the sponsoring organization a 501(c)(3) organization? Yes No	
5.	Location of the Event: Generally describe your event and its purpose a Also, indicate the direction of the route, if any, including all turns and and its parks are available online at www.manitowoc.org. The event is at CP. This is a continuous of the appendix of the appendix of the continuous of th	Special Olympic Tourney Some World Some Course
	Will the event be held in a Manitowoc park or utilize any park facilities	Yes Which park? No
		ildings, tennis courts, ball diamonds, disc golf courses, etc.)?
	Same genth fields, chamends 2 "	3, open au sheller +
	Have you reserved the park &/or park facilities? Yes No If	
	Does the event require streets to be closed? Yes No If yes, which	n street(s):
	It is YOUR RESPONSIBILITY to provide federally approved traffic control	titems; however they may be rented from the Streets &
	Sanitation Division.	
	Will the event be held on the sidewalk? Yes No	





6. Mariners Trail Permit: Will any portion of the Mariners Trail be used? (

If yes, where on the trail will the event begin:

Where on the trail will the event end:

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.

This agreement is made and entered into by and between the Cities of Two Rivers and Manifowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be

charged and agrees to pay a rec of \$200.	
Permittee agrees to abide by the rules and regulations contained in this agreement.	
FOR OFFICE USE ONLY: Signature of City of Two Rivers designee:	
7. Tell Us About Your Event: What is the estimated attendance at your event, including observers? 500 people	
How many vendors will be at your event? Nove How many vehicles? Nove	
Do you require any special parking restrictions? Yes No If yes, what type, when, and where:	
Parking on grassy areas of a park is not allowed without prior approval. Contact the Police Department if traffic control is neede	$\frac{1}{d}$
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	
Will a loudspeaker or similar electric sound amplification system be used outdoors? OYes No If yes, what hours:	······································
Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)? Yes No If yes, please describe:	
Contact the Parks Division at 686-3580 with questions.	
Will any of the following services be required? Clean-up Street-sweeping Norse Tequired For help defining your parking, clean-up, & traffic control needs, please contact the Streets & Sanitation Division at (920) 686-65.	50.
Will any fireworks or pyrotechnic devices be used during the event? Yes No If yes, contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.	
Will animals be present at the event? Ves No If yes, please indicate what types of animals, how many are expected, and we they will be located.	here
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: Calzena Park realizations 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 Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.	wine.

In the case of a premise with a current alcohol license, do you need an extension of your premise? Yes No a detailed explanation under #5.	If ves, give
Do you require a waiver of the restriction to serve alcohol in a park? Ves No	

8. Equipment Needed for Your Event:

Equipment rental charges will apply unless a waiver of some or all fees is approved. A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed. Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	# Needed	# of Days*	Cost/Day		<u>Total</u>
Barricades					
2°	X	X	\$3.00	=	Flashers
3,	X	X	\$3,00	****	Flashers
8,	X	X	\$4.00	=	www.mani.com/articles
Rail type-long	X	X	\$2.00		
Rail type-short	X	X	\$2.00	=	Va
Channelizer Drums	X	X	\$3.00		
Cones					
18"	X	X	\$1.50	==	**************************************
28"	X	X	\$1.50	=	
Safety vests	X	X	No charge	=	No Charge
Snow fence					
Rolls	X	X	\$4.00	=	
Posts	X	X	No Charge	 _	No Charge
Post driver/pounde	r X	X	No Charge	=	No Charge
Traffic signs	X	X	\$2.00		Description
<u>-</u> .	X	X	\$2.00	***	Description
	X	X	\$2.00	222	Description
Traffic signs (Portable)	X	X	\$3.00	=	Description
<u> </u>	X	X	\$3.00	==	Description
	X	X	\$3.00	2000	Description
Other (list items and amounts					
Parks Division Equipment (6	86-3580): Do NO	Count any picnic	ables, garbage	e cans,	etc. already located at the park.
Banquet tables, 8'	X	X	\$5.00	=	
Park benches	X	X	\$7.00	=	
Picnic tables	X	X	\$7.00	=	
Risers, platform	X	X	\$15.00	=	Description
Security stanchions	X	X	\$ 5.00	=	
Tent, 10'x10'	X	X	\$30.00		
Tent, 10'x20'	X	X	\$35.00	==	
Ticket booths, outdoor	X	X	\$15.00	==	
Trash cans	X	X	No Charge	-	No Charge
Wenger portable bandwagon,	35x8'**		٥		~
	X	X	\$240.00	=	
Other (list items and amounts					
	,				

TOTAL RENTAL CHARGES

^{*}Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm.

^{**}The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES		
Total Cost of Items Rented	Delivery Fee	
\$0,00 - \$100.00	\$ 50.00	
\$100.01 - \$250.00	\$ 75.00	
\$250.01 - \$500.00	\$125.00	
\$500.00 - \$1,000.00	\$250.00	
\$1,000.01 and above	\$350.00	

Delivery fees will be adjusted based on actual items rented.

9.	Stake Permit: There is a \$50.00 NON-WAIVABLE stake permit fee per event, if any items will be staked into the ground. The
	event organizer is responsible for ensuring Diggers Hotline is contacted a minimum of three business days before set-up. Will any of these items (or items of similar nature) be erected or placed on the event grounds?
	Tent or canopy O yes No
	Fence O Yes No
	Sign Yes (No
	Bounce house Yes No If electric, where will item be plugged in? Other Yes No If electric, where will item be plugged in?
	If yes for any, give a detailed explanation under #5.
10.	Safety and Security for Your Event:
	Do you have the correct level of insurance for your specific event? (X) Yes (No
	Please see the Special Events Insurance Form to ensure you have the proper coverage. You must submit the insurance certificate AND
	required endorsements to the City Clerk's Office at least 10 days before your event.
	Do you need assistance from the Police or Fire Departments? Yes No If yes, please describe:
	It has is medit we will contact 911, otherwise more meded
	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 The City reserves the right to require a detailed written public safety plan.
11.	Fees & Reimbursement: Unless waived by the Special Event Committee, the standard fees for all rentals and licenses will apply. The
	City may also require reimbursement for extraordinary expenses. Charges will apply for lost, stolen, or damaged equipment. Stake Permit Fees, License Fees and Delivery Fees will not be waived.
	Commercial Person President Comment of the State Benefit of the State Be
	Is a waiver of some or all fees requested? (X)Yes ()No
	If yes, please explain what fees you desire waived or reduced and the reason(s):
	Processe explain what lees you desire waived of reduced and the reason(s):
	Allie & Son Car and of your files, alamonds, Open an
	Reduced the fear for the assol of youth fields, diamends, open an sheller & concerned stand, We are a non profit group-
	Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?
	Yes (X)No If yes, explain and list specific charges
	11 yes, explain and list specific charges
	What are your estimated revenues and what will the revenues be used for? Equipment + transports
	what are your estimated revenues and what will the revenues be used for?

Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

12. 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, temporary beer/wine licenses, stake 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.

Date of birth of applican	t <u>8/35/50</u>		
Signature of Applicant:	Richard Rosinsky	Date:	15-2-16
	- I		

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds X	Garbage Cans
BB Diamonds	Picnic Tables
Soccer Field	Benches
Tennis Courts - How Many?	Other
Pool	
AREA REQUESTED Halverson Par	k deamonds 1+2
30 DATE DECIRED ON	TIME REQUESTED 4PM - 5:30 PM
WHAT WILL THE EQUIPMENT/FACILITY BE USI	ED FOR? Special Olympics
T- Ball practice	
PERSON WHO WILL BE RESPONSIBLE Paule	the Simonar TELEPHONE 7932977
PERSON MAKING REQUEST Richard	! Rosinsky.
TELEPHONE <u>6846909</u>	ADDRESS 1110 Hamilton St
WHO WILL BE BILLED IF THERE ARE ANY CHAP	
NAME Kris Zolltki	us
ADDRESS 13228 Peoneer Rd.	Newton Phone 6933977
PROVISIONS: The undersigned agrees to hold the City harm occurring during the term of this contract. It is further agreed that all property of any klundersigned and that the City shall not be liable for a person on the premises. The undersigned agrees to be responsible for by mischief or negligence.	nless for any and all damage, claims or personal injury claims and brought on the premises shall be at the sole risk of the any injury, loss or damage to said property or injury to any any damage caused to said building, property or equipment
CHARGES SIGNE	D <u>Paulette S'emonar</u> (Person Responsible)
and the second s	10-2-16
DENIED	
Director, Parks & Recreation	Date
ATTENDANT(S)	START TIME:

May 16-23-30 June 6-13-20-27

July 11-18-25

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FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds	Garbage Cans
BB Diamonds	Picnic Tables
Soccer Field	Benches
Tennis Courts - How Many?	Other
Pool	
AREA REQUESTED Halverso	n Park - Green area west of restrooms
Number of People / DATE D	ESIRED on back TIME REQUESTED 6PM - 7:30 PI
WHAT WILL THE EQUIPMENT/FA	CILITY BE USED FOR? Special Olympics
bocce ball prac	tice
PERSON WHO WILL BE RESPONSI	LE Cheryl Kennedy TELEPHONE 6825221
PERSON MAKING REQUEST	Richard Rosinsky
	ADDRESS_1110 Hamelton St
WHO WILL BE BILLED IF THERE AF	E ANY CHARGES
NAME Kris Zot	Utheis
ADDRESS 13228 Pia	rees Rd - Newton Phone 6933977
PROVISIONS: The undersigned agrees to hold occurring during the term of this control of this control of the premises.	I the City harmless for any and all damage, claims or personal injury claims act, perty of any kind brought on the premises shall be at the sole risk of the be liable for any injury, loss or damage to said property or injury to any esponsible for any damage caused to said building, property or equipment
CHARGES	SIGNED <u>Cheryl Kennery</u> (Person Responsible)
APPROVED	
DENIED	DATE 10-2-16
·	Date
Director, Parks & Recre	ation
ATTENDANT(S)	START TIME:

Mondays
May 8-15-22-29

June 5-12-19-26

July 3-10-17-24-31

Aug 7

ACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
B Diamonds X	Garbage Cans 12 estra
B Diamonds	10
occer Field	Benches
ennis Courts - How Many?	Other
ool	
REA REQUESTED Ctopeno Concession stand + Epen umber of People <u>500</u> DATE DESIRE	Park - Youth fields + diamond 2+. n air shelter ED on back TIME REQUESTED 7AM - 5 PM Re Specific
HAT WILL THE EQUIPMENT/FACILITY	Y BE USED FOR? Special Olympics
aporto tourney	
RSON WHO WILL BE RESPONSIBLE _	Richard Rosensky TELEPHONE 6846909
rson making request Rcc	hard Rosinsky
LEPHONE 6846909	ADDRESS 1110 Hamilton St
HO WILL BE BILLED IF THERE ARE AN	
NAME Kno Zollthe	eis
	er Rd - Newton Phone 6933977
OVISIONS: The undersigned agrees to hold the Courring during the term of this contract. It is further agreed that all property of dersigned and that the City shall not be liated on the premises. The undersigned agrees to be responsible for negligence.	City harmless for any and all damage, claims or personal injury claims of any kind brought on the premises shall be at the sole risk of the able for any injury, loss or damage to said property or injury to any aslble for any damage caused to said building, property or equipment
ARGES	SIGNED Richard Rosinsky
PROVED	DATE 10-3-16
NIEU	
Director, Parks & Recreation	Date
TENDANT(S)	START TIME:
The undersigned agrees to be response mischlef or negligence. ARGES PROVED Director, Parks & Recreation	SIGNED Richard Rosinsky (Person Responsible) DATE 10-3-16 Date

Sat. June 17, 2017 Raw Date - Sun June 18, 2017

PERSON MAKING REQUEST Richard Rosinsky TELEPHONE 6846909 ADDRESS MO Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13238 Pigness Rd Newton Phone 6933977 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 indersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any serson 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 Claim Craff (Person Responsible) DATE 10 - 2 - 16 Date Director, Parks & Recreation	FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
Tennis Courts - How Many? Other Pool AREA REQUESTED Westfield Park Number of People 30 DATE DESIRED ON Sock TIME REQUESTED 11AM - 1P1 Be Specific WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics DASCAS MENT Lecting PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 3430/62 PERSON MAKING REQUEST Richard Rosensby TELEPHONE 6846/90 9 ADDRESS 1110 Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13228 Ronces R1 Newton Phone 69339777 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's further agreed that all property of any kind brought on the premises shall be at the sole risk of the indersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any tension on the premises. The undersigned agrees to be responsible for any damage caused to said building, property or injury to any serson 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 Clenn Graff (Person Responsible) DATE 10 2 16 Director, Parks & Recreation	SB Diamonds	Garbage Cans
Tennis Courts - How Many? Pool AREA REQUESTED Westfield Park Number of People 30 DATE DESIRED OR Good TIME REQUESTED 11 MM - 1 P1 WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympacs Designation of People 30 DATE DESIRED OR Good TELEPHONE 2430162 PERSON WHO WILL BE RESPONSIBLE Clean Good TELEPHONE 2430162 PERSON MAKING REQUEST Rechard Rosensby TELEPHONE 6846909 ADDRESS 1100 Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13228 Peoples Rd Newton Phone 6933977 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 indersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any serson on the premises. The undersigned agrees to be responsible for any damage caused to said property or equipment by mischief or negligence. CHARGES SIGNED Clean Coople (Person Responsible) DATE 10 2 - 16 Director, Parks & Recreation	BB Diamonds	Picnic Tables
Number of People 30 DATE DESIRED ON Book TIME REQUESTED 11AM - 1P/ WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics Ossessment Leating PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 3430162 PERSON MAKING REQUEST Richard Rosensky TELEPHONE 6846909 ADDRESS 1110 Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Jolltheis ADDRESS 13238 Pieness Rd - Newton Phone 6933977 PROVISIONS: The undersigned agrees to hold the City hamiless 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 indersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any verson 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 Clenn Craff (Person Responsible) DATE 10-2-16 ENIED Director, Parks & Recreation	Soccer Field	Benches
Number of People 30 DATE DESIRED OR bock TIME REQUESTED 11AM - 181 WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympics assessment testing PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 3420162 PERSON MAKING REQUEST Richard Rosinology TELEPHONE 342909 ADDRESS 1110 Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Lolltheis ADDRESS 13228 Pieneer RJ - Newton Phone 1933977 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 directisgned and that the City shall not be liable for any injury, loss or damage to said property or injury to any version 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 Clenn Graff (Person Responsible) DATE 10 2 166 ENIED Director, Parks & Recreation	Tennis Courts - How Many?	Other
Number of People 30 DATE DESIRED 072 Suck TIME REQUESTED 11AM - 1P/ Be Specific WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympacs Designation of People 30 DATE DESIRED FOR? Special Olympacs Designation of People 30 DATE DESIRED FOR? Special Olympacs Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Add Be	Pool	and the second s
Number of People 30 DATE DESIRED 072 Suck TIME REQUESTED 11AM - 1P/ Be Specific WHAT WILL THE EQUIPMENT/FACILITY BE USED FOR? Special Olympacs Designation of People 30 DATE DESIRED FOR? Special Olympacs Designation of People 30 DATE DESIRED FOR? Special Olympacs Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Specific Be Specific Be Specific Be Specific Be Specific Designation of People 30 DATE 1P/ Be Specific Be Add Be	AREA REQUESTED Westfield	Park
PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 343016 PERSON MAKING REQUEST Richard Rosensky TELEPHONE 844909 ADDRESS MO Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Ris Zolltheis ADDRESS 13238 Perses Rd - Newton Phone 1933977 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 indersigned and that the City shalf not be liable for any injury, loss or damage to said property or injury to any version 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 Clenn Graff (Person Responsible) DATE 10 - 2 - 16 ENIED Director, Parks & Recreation	Number of People 30 DATE DESIRED C	on back TIME REQUESTED 11AM - 1PM
PERSON WHO WILL BE RESPONSIBLE Glenn Graff PERSON MAKING REQUEST Richard Rosensky TELEPHONE 84699 ADDRESS IIIO Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13228 Rinner RJ - Newton Phone 6933977 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 indersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any verson 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 Glenn Graff (Person Responsible) DATE 10 - 2 - 16 ENIED Director, Parks & Recreation	WHAT WILL THE EQUIPMENT/FACILITY BE	USED FOR? Special Olympics
PERSON WHO WILL BE RESPONSIBLE Glenn Graff TELEPHONE 2430160 PERSON MAKING REQUEST Rechard Rosensky TELEPHONE 844999 ADDRESS INO Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13228 Pignees Rd - Newton Phone 1933977 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 verson 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 Glenn Graff (Person Responsible) DATE 10 - 2 - 16 ENIED Date Director, Parks & Recreation	assessment testing	
TELEPHONE 6846999 ADDRESS 1100 Hamilton St WHO WILL BE BILLED IF THERE ARE ANY CHARGES NAME Kris Zolltheis ADDRESS 13228 Pignees RJ - Newton Phone 6933977 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 indersigned 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 6 Lenn 6 (Person Responsible) DATE 10 2 - 16 Date Director, Parks & Recreation	PERSON WHO WILL BE RESPONSIBLE Gle	nn Graff TELEPHONE 2420166
NAME		
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DATE 10 - 2 - 16 ENIED	CHARGESSIGN	NED Glenn Graff
Date Date Date	PPROVED	and the second s
Director, Parks & Recreation	DAT	E 10 × 2 - 16
Director, Parks & Recreation		Date
TTENDANT(S) START TIME:	Director, Parks & Recreation	
,	TTENDANT(S)	START TIME:

Suraday May 7, 3017

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds	Garbage Cans
BB Diamonds	
Soccer Field	Benches
Tennis Courts - How Many?	Other
Pool-	
AREA REQUESTED Halverse	m Park diamond 1
Number of Poople 3/7 DATE DESTR	ED ON BOOK TIME REQUESTED 4PM-5:30 PM
WHAT WILL THE EQUIPMENT/FACILITY	TY BE USED FOR? Special Olympics
a Attrill practice	- Bandets
PERSON WHO WILL BE RESPONSIBLE	Don Schaudz TELEPHONE 3230477
PERSON MAKING REQUEST	ichard Rosinsky
TELEPHONE 6846909	ADDRESS_1110 Hamelton St
WHO WILL BE BILLED IF THERE ARE A	
and the second s	lus
ADDRESS 13238 Pensen	2 Rd - Newton Phone 6933977
occurring during the term of this contract. It is further agreed that all property undersigned and that the City shall not be incorporate on the premises.	City harmless for any and all damage, claims or personal injury claims of any kind brought on the premises shall be at the sole risk of the lable for any injury, loss or damage to said property or injury to any insible for any damage caused to said building, property or equipment
CHARGES	SIGNED Down Schonwood (Person Responsible)
APPROVED	DATE 10-2-16
DENIED	DATE
	Date
Director, Parks & Recreation	1
ATTENDANT(S)	START TIME:

Wedo.

May 17-24-31

June 7-14-21-28

July 5-12-19-56

Aug 3

FACILITY REQUESTED	EQUIPMENT REQUESTED (Be Specific)
SB Diamonds X	Garbage Cans
BB Diamonds	Picnic Tables
Soccer Field	Benches
Tennis Courts - How Many?	Other
Pool	
AREA REQUESTED Westfield	Park
Number of People <u>30</u> DATE DESIRED <u>On</u>	Buck TIME REQUESTED 16AM-1PM
WHAT WILL THE EQUIPMENT/FACILITY BE US	ED FOR? Special Olympses
PERSON WHO WILL BE RESPONSIBLE Comperson MAKING REQUEST Richard	n Graff TELEPHONE 2420128
TELEPHONE 6846909	ADDRESS 1110 Hamilton St
WHO WILL BE BILLED IF THERE ARE ANY CHAR	
ADDRESS 13228 Perman Ra	1- Nauton Phone 6933977
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CHARGES SIGNET	(Person Responsible)
A TURNOUT LE	(Person Responsible) $= 2$
DENIED	70 0 0
	Date
Director, Parks & Recreation	
ATTENDANT(S)	START TIME:

Saturdays

May 13-20-27

June 3-10-17-24

July 1-8-15-22-29

Aug 5

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

	THE COLD TION OF THE PARTY OF T
1.	Name of club/organization making request Manatowe Co. Marocles Special Olympus Address 13238 Francia Rd. Newton Telephone 6933977
	Address 13d3 1 cover 15d 17 1 220 co. Telephone 6 7 5 3 7 1 7
2.	Names of club officers: Name President Low Zollthus 18028 Promes Lot Nowley 6933977
	Secretary Richard Rosensky 1110 Hamilton St Miste. 6844909
	Treasurer
3.	Facility requested: Cityens Park - Westfield Park * Halrery Park
	Equipment requested:
4,	Specific dates and hours facility/equipment will be used: Date See attackment Hrs. 5ame
5.	Please explain your request, as to what fees you desire waived or reduced and reasons. Redward from the decommends, open are shifter, & Concession stand - we are more fregal to
6.	Which do you consider your group to be? A. Community service B. Non-profitX 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
9.	What will revenues be used for?
10.	Do you wish to meet personally with the Board/Committee to discuss this request? Yes NoX
Signed	Richard Rosensky Date 10-2-16
	attach any additional information which you feel will assist the committee in evaluating your request.
	completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI
<u>54220.</u>	
Commi	ttee Action: ApprovedDeniedDate