

SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 3/22/2023

EVENT NAME: Waiver - MYBA Draft

ORGANIZER: Manitowoc Youth Baseball Assc. - Randy Heinzen

E-MAIL ADDRESS: randy.heinzen@outlook.com

EVENT DATE: 4/12/2023

NEW OR RECURRING: recurring

LOCATION/DESCRIPTION: Rental of Senior Center rooms to host the 2023 MYBA draft. Expecting 100 people.

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Eric Nycz /ec Courtney Hansen /ec Jason Frieboth /ec Todd Blaser /ec Shawn Alfred /ec	

COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:



**CITY OF MANITOWOC – DEPARTMENT OF TOURISM
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 Special Event Committee and/or the Public Infrastructure Committee and the group or organization will be notified by e-mail or letter of their decision(s). A financial report for the previous two (2) years indicating all expenses and all revenues of the group/organization may be requested by the committee. Groups or organizations must be current on all financial accounts with the City of Manitowoc.

ALL QUESTIONS MUST BE ANSWERED

Name of event: MYBA Draft

1. Name of club/organization making request Manitowoc Youth Baseball / Softball
 Address 2002 Marshall St Manitowoc WI 54220 Telephone 920-683-0202
 Email randy.heinzen@outlook.com

2. Names of club officers: Name Address Telephone
 President Randy Heinzen 5018 Remiker Lane Manitowoc 920-683-0202
 Secretary Sara Place 1007 Orchard Drive Manitowoc 920-740-8931
 Treasurer Bob Satori 5103 CATALINA Ct. MANITOWOC 920-973-1013

3. Facility requested: Senior Center # of people 100
 Equipment requested: None

4. Specific dates and hours facility/equipment will be used: Date(s) 4-12-2023 Hrs. 6pm - 9pm

5. Please explain your request, as to what fees you desire waived or reduced and reasons We request the room reservation fee to be waived. Being a non profit, hard to justify room rental expenses. We have used this facility in the past.

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 n/a

9. What will revenues be used for? n/a

10. Do you wish to meet personally with the Committee to discuss this request? Yes _____ No X
 If "yes," please provide the following information of individual to contact:
 Name _____ Address _____ Telephone _____

Signed Randall Heizer Date 3-10-2023

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

When completed, return this form to the City of Manitowoc – Tourism Department
 900 Quay St., Manitowoc, WI 54220 · Phone 920-686-3508 · Fax 920-686-6525 · E-mail echristel@manitowoc.org