SPECIAL EVENT COMMITTEE APPROVAL FORM

APPROVAL DATE: 8/6/2025

RENTAL: Mtwc Co Drug Court Picnic

ORGANIZER: Mandy Keagle

E-MAIL ADDRESS: amandakeagle@manitowoccountywi.gov

RENTAL DATE: 9/6/2025

LOCATION/DESCRIPTION: Use of Lincoln Park Fieldhouse

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE	DENY
Todd Blaser /ec	
Courtney Hansen /ec	
Eric Nycz /ec	
Brock Wetenkamp /ec	
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ITEMS TO INCLUDE IN LETTER:

The City of Manitowoc reserves the right to amend its fee structure on a case-by-case basis. Factors include, but are not limited to, resources requested by the applicant, applicant classification, whether and to what extent the event benefits a charity, effect on the community, effect on tourism, history of the event, and potential scheduling conflicts.

Event 1

Copy to: Clerk



CITY OF MANITOWOC - DPI 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). Groups or organizations must be current on all financial accounts with the City of Manitowoc in order to be considered for a waiver of any fees.

ALL QUESTIONS MUST BE ANSWERED

Nam	ne of event: Manitowoc County Drug Court Picnic		
Appl	licant: Mandy Keagle	amandakeagle@manitowoc	
	Name 926 South 8th Street Manitowoc, WI 54220	Email	
	Address	920-323-8319 Phone	
1.	Name of club/organization making request Manitowoc County Drug C	Court Program	
	Chald a second and a second	23-8319 amandakeagle@manito	
	Address Phone		
2.	Facility requested: Lincoln Park Fieldhouse	# of people ⁵⁰ at top end	
	Equipment requested: N/A		
3.	Specific dates and hours facility/equipment will be used: Date	e(s)09/06/2025 Hrs.10-5	
4.	Please explain your request, as to what fees you desire waived or a entitled to a waiver Reservation fee to use the space. We are grant funded and help reduce reciding	reduced and the manner 1 1'	
5.	Which do you consider your group to be? A. Community service B. Non-profit× D. Club or organization E. Other, please explain	C. Private husiness	
6.	Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?Yes		
7.	If #6 is "yes," explain and list specific charges and anticipated revenues N/A		
8.	What will revenues be used for? N/A		
9.	Do you wish to meet personally with the Committee to further exp	lain your request? Yes Not needed	
10.	Insurance requirements: The City reserves the right to require a Cowith sufficient limits listing the City as an additional insured as we accompanying the Certificate of Insurance. Said certificates must be calendar days prior to the event.	ertificate of Insurance evidencing coverage	
occurred of any p	Notice and Submission: I understand the filing of this application does not ensure applify and hold the City of Manitowoc harmless for any and all damages, claims or person during this event. The undersigned agrees to be responsible for any damage caused person or party. By signing, I acknowledge that I have the authority to bind the sponsed, read and understand the guidelines set forth in this application.	onal injuries that may occur or are alleged to have	
Signed	Allach any additional information which we find it	Date 07/25/2025	

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 - Parks Division
900 Quay St. Manitowoc, WI 54220 · Phone 920-686-3580 · E-mail parksadmin@manitowoc.org