



City of Racine Parks, Recreation & Cultural Services Public Event Application

Play
Every Day.

INSTRUCTIONS: Please carefully read the attached "Public Event Planning Instructions" before completing this application. Incomplete applications will not be accepted.

Are you applying for a NEW public event? Yes No
Are you applying for a RETURNING public event? Yes No
Are you applying for a RETURNING public event with significant changes? Yes No

STEP 1: SELECT A LOCATION(S)

please select all that apply:

- Crosswalk Park, 317 Main St.
- Harris Plaza, 605 Grand Ave.
- Island Park, 1704 Liberty St.
- Lake Michigan Pathway
- Lincoln Park, 2200 Domanik Dr.
- Lockwood Park, 4300 Graceland Blvd.
- Monument Square, 502 Main St.
- North Beach Park, 1501 Michigan Blvd.
- Pershing Park, 800 Pershing Dr.
- Root River Pathway
- Sam Johnson Parkway
- Stage-on-Wheels
- Other _____

STEP 2: EVENT ORGANIZER INFORMATION

Name of Event Organizer Cari Greving
 Name of the Organization Real Racine
 Address 14015 Washington Avenue City/State Sturtevant, WI Zip 53177
 Daytime Phone 262-898-3323 Cell Phone 262-498-5197 Email cari@realracine.com
 Alternate Contact Dave Blank Phone 262-884-6405 Email dave@realracine.com

Please select appropriate response

Event Organizer is an: Individual Proprietor Corporation* LLC* Other Nonprofit c(6)
 Is the applicant organization a not-for-profit? Yes* No

(*Please attach a proof of your not-for-profit status or a copy of the business structure status to this application for verification purposes.)

STEP 3: EVENT INFORMATION

Event Name Midwest Collegiate Beach Volleyball Tournament Expected Attendance 400
 Date(s) of Event Saturday, June 8, 2019 Start Time 9am End Time 6pm
 Set-up Date Saturday, June 8, 2019 Set-up Start Time 6:30am Set-up End Time 8:30am
 Tear-down Date Saturday, June 8, 2019 Tear-down Start Time 6pm Tear-down End Time 8pm
 Does your event require you to be in the park before 8 a.m. and after 10 p.m.? Yes No

STEP 4: RUN/WALK INFORMATION

Run/Walk Step-off time _____ Total # of Aid Stations _____

Does the route include any portion of the City bicycle pathways? Yes No
 Run/Walk route map included? Yes No

How will the route be marked? (i.e. staff/volunteers at turns, signs staked in grass along the route, etc.)

STEP 5: STAGE-ON-WHEELS INFORMATION

Delivery Location _____ Location Street Address _____ Zip _____
 Delivery Date _____ Delivery Time _____ Pick-up Date _____ Pick-up Time _____
Open/Close/Use Information: Date Stage to be OPENED _____ Opening Time _____ Closing Time _____
 Additional Opening Date _____ Opening Time _____ Closing Time _____

Is additional staging needed? yes no Will amplified music be played? yes no Will electricity be needed? yes no



STEP 6: ADDITIONAL INFORMATION

- 1) Has this event been previously held in a City of Racine park? yes no
 Event Name _____ Location _____
 Date _____
- 2) Will you be selling, serving, and/or sampling beer and/or wine at your event? yes no
- 3) Will you be selling, serving, and/or sampling food/beverages at your event? yes no
- 4) Will you have amplified sound at this event? yes no
- 5) Will you have any temporary structures such as tents, stages, inflatables at this event? yes no
 # of tents/canopies 3 Size of tents/canopies 10x10
- 6) Will your event feature vendors? yes no
- 7) Will your event include the use of portable toilets? (# of portable toilets _____) yes no
- 8) Does your event include animals, exhibitions or petting zoos? yes no
- 9) Will you be posting advertisement for your event within the City of Racine Parks? yes no
- 10) Will your event require Monument Square Drive to be closed? yes no
- 11) Will your event require use of the electrical services? yes no

SECURITY DEPOSIT REFUND INFORMATION *To whom will the Deposit Refund be sent:*

Name of Payee/Organization Real Racine ATTN Cari Greving
 Street Address 14015 Washington Avenue RM/FLR/STE/UNIT _____
 City Sturtevant State WI Zip Code 53177

APPLICATION SIGNATURE

The event organizer/applicant hereby certifies that all of the information provided within and for this permit application is true and correct to the best of his/her knowledge. The applicant understands falsification of information may result in termination of use/permit and furthermore could result in denial of future use of park facilities. Applicant certifies he/she has read and understands the **Public Event Planning Instructions**.

The applicant agrees to have an authorized representative in attendance at the event at all times the event is in progress, who shall supervise the reserved premises to ensure that the event is conducted in a safe and orderly manner. Applicant agrees to pay City for PRCS permits sixty (60) days prior to the first park use date and within 30 days following the date of invoice the cost of overtime expenses incurred by City for its assistance in the implementation of this permit.

Signature of Authorized Event Organizer Cari A. Greig Date 2/25/19

RELEASE OF LIABILITY

Applicant hereby covenants Not To Sue and agrees to Indemnify, Defend, and Hold Harmless City, its departments, officers, agents, employees, &/or volunteers from _____ and against any and all costs (no limitation), damages, expenses, attorneys fees, or liability for personal injuries, bodily injuries, death, or property damage, of any character and to any person or property, regardless of cause, arising out of the acts of or sustained by Applicant, permit holder, event organizer, its officers, employees, agents, volunteer workers, participants in said Event or frequenters of said area during the time specified in the application and issued permit.

I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. *Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.*

Signature of Authorized Event Organizer Cari A. Greig Date 2/25/19
*****If you are a Limited Liability Company, all partners must provide a signature*****

Signature of Partner _____ Title _____ Date _____

Signature of Partner _____ Title _____ Date _____

OFFICE USE ONLY:

Date application received: _____

Does request require approval by the Board of PRCS or Common Council Yes No

Event Schedule Letter of Request Layout Map/Route Certificate of Liability Not-For-Profit





City of Racine Parks, Recreation & Cultural Services Public Event Application **ROUTE/SITE MAP/STAGE-ON-WHEELS**

*Play
Every Day.*

Please attach a site/route map (if applicable).

Site map should include, but is not limited to, the following:

- | | |
|---|-----------------------|
| Accessible paths for wheelchairs | Placement of Vehicles |
| Disabled parking | Portable toilets |
| Dumpsters | Signage |
| Exit location for fenced outdoor events | Stages |
| Event perimeter | Temporary structures |
| Fencing | Vendors |
| Garbage and recycling receptacles | |

If the event includes a run/walk component on City streets, the approval of the City of Racine Parks, Recreation, & Cultural Services department for the use of the park **does not imply approval of the proposed route**. Routes need to be approved through Department of Public Works.

What impact do you anticipate your event will have on the residents/businesses in the areas surrounding the park? Consider things such as noise, parking, traffic, etc. What plans do you have to minimize these impacts?

This is another one of our typical beach volleyball tournaments that will do nothing but invite visitors to fall in love with North Beach. We will provide the organizer and teams all the appropriate information to make parking and traffic a non-issue. The event will have amplified sound with a PA system and streamed music but it will not be problematic.

Provide detailed event route/site map/Stage-on-Wheels placement (feel free to provide this map as a separate attachment):

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