Agenda It	tem Nu	mber
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Memo

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Village Board

From: Chris Clark, Director of Parks, Recreation, & Forestry

Re:

Special Event Authorization for the Cancer Awarenss Kickball Tournament at Riverview Park.

Date: September 6th, 2016

Name of Organization/Person:

Awearness Clothing, LLC

Montrell Elam

1214 Shadow Lane

Green Bay, WI 54304

Purpose of Event:

Fundraising kickball tournament to support cancer awareness and local medical centers

Location of Event:

Riverview Park softball facility – 3 diamonds

Date(s) and Time(s) of Event:

Saturday, October 1st, 2016 (one day event) to be held from 10 am – 8 pm.

Recurring Event:

LYes		Yes
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☑No

This is the first time that they have held the event in Allouez.

Alcohol Sales Request:

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☑No

Vending/Concessions/Admission Fees:

\checkmark	Yes

□No

They are requesting permission to sell concessions, food, and raffles.

Other Requests:

None

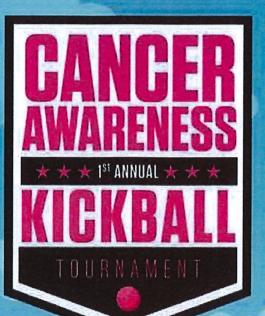
Background Information:

None

Attachments:

Facility Rental Application Vendor Permit Application

Event Flyer



16 TEAMS (TO PERSON MINIMUM)

RECIPIENTS





AWEARNESS INDIVIDUAL RECEIPIENT

GREEN BAY PACKERS

LOCATION TO

FOR REGISTRATION AND INQUIRIES,

EMAIL: AWEARNESSCO & SMAIL.COM

CANSWER

We create apparel to encourage and support those with cancer. A portion of our proceeds go to St. Mary's/St. Vincent for cancer research and for help with expenses for families fighting cancer.



HSHS



HSHS St.Vincent St.Mary's Hospital Hospital



@awearnessco



AwearnessClothing



www.awearnessco.com









VILLAGE OF ALLOUEZ

2016 ATHLETIC FACILITY RESERVATION PERMIT

Parks and Recreation Department · 1900 Libal St. · Allouez, WI 54301

Complete the following information:	
ORGANIZATION/LEAGUE NAME: HUGA MESS	<u>(/∂thing</u> □ Youth ∠⊠Adult
Main Contact: Montrell GIAM.	
Email: Mureorness (OB gmail/10M	_
Address: 12/7 Shadan Lake	_ City/State/Zip: Oreen Bay wt, 54304
Primary Phone: 970 377 3/88	Other Phone:
Secondary Contact:	
Email:	_
Address:	City/State/Zip:
Primary Phone:	Other Phone:
Number of participants/spectators expected: SW+ Will the fields need to be marked by the Village? YES Do you intend to use the concession stand? YES	Langlade Softball
PLEASE READ: League Reservations will not be secured unless the above information by signing below, I hereby acknowledge that I have completed above information, received a copy of the Athletic Facility Rule use of the Village Athletic Facility Rule. Signature:	ation is complete and accurate. the above information to the best of my knowledge, read the se, and will agree to all said rules and guidelines governing the Date: 7////6
orgination.	
FOR OFFICE USE ONLY:	Games Fees dates x.\$ rate \$
Date Reservation Made!	Practice Feesdates x \$ rate \$
Amount Paid: Date Paid:	Light Feesdates x \$rate; .\$
Staff Initials: Director Approval	Other Feesi 🕦 🐧



VILLAGE OF ALLOUEZ BROWN COUNTY, WISCONSIN

VENDOR PERMIT – SPECIAL EVENTS IN VILLAGE PARKS AND FACILITIES $\underline{TRANSIENT\ MERCHANT}$

(Vendors under sponsorship of non-profit or profit organizations)

Awarness Clothing
Name of sponsoring organization
Address Event Location Correct By W. Event Location
Address Event Location
Mortrell Gram
Name of organization agent
Charity Guent
Nature or Character of Special Event
Date and Length of Time of Event
Date and Length of Time of Event
Vendor Permits Subject to Village Board Approval
Village Board Approval Granted
Fee Schedule per Event
\$25.00
\$75.00 Over 50 Vendors
Sponsoring organization shall pay the appropriate fee listed above to the village. Non-profit vendors shall be exempt from the fee. (Tax Exempt number is required)
For Office Use Only:
FEE:
DATE RECEIVED:

List Name of Each Vendor Selling At The Event:

Name of Vendor	Product	Tax Exempt #
1	Ana I	(if applicable)
Aweamoss clothing	Appore 1	
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