



December 30, 2013

Our family has enjoyed living in Howard for 15 years. Our youngest daughter, Kira, (7 years old) was diagnosed 5 years ago with Rett syndrome. Rett syndrome is a neurodevelopmental disorder affecting mostly girls. They are born and develop typically until about 12-18 months, when they go through a regression. At this point they lose their ability to walk, talk and many will develop seizures, breathing abnormalities, feeding and swallowing difficulties, as well as scoliosis. Scientists have reversed the symptoms in a mouse model.

I am the Wisconsin Representative for the International Rett Syndrome Foundation (www.rettsyndrome.org) and am in the process of planning our third annual Green Bay Stroll A Thon, a walk to raise money for research. I would again like to host this event at Meadowbrook Park. Last year our event raised almost \$27,000, with just over 150 people involved in the walk. We intend to walk through the paved path and up to Glendale, back around to the park. This is an ideal location because of the paved path for the wheelchairs and the accessibility of the new shelter. We would also have water and food, served by the Boy Scouts, for the families at the shelter.

Thank you for your consideration in this request for the use of Meadowbrook Park on Saturday, September 20, 2014.

If you have any questions, I can be reached at [662-1627](tel:662-1627).

Sincerely,



PROGRAM REGISTRATION & FACILITY RENTAL FORM VILLAGE OF HOWARD

2456 Glendale Avenue, Green Bay, WI 54313 • (920) 434-4640 • villageofhoward.com

To Get Started, Please Set Up a Family/User Account:

Head of Household/Responsible Party Patty Mevis Birthdate 9.4.71 Gender F

Family Information

Company/Organization Name (if any) International Rett Syndrome Foundation
Green Bay Strollathon for Rett Syndrome Research

Street Address 834 Hillcrest Hts City Green Bay Zip Code 54313

Primary Phone 920 662 1627 Secondary Phone 920 819 2508 Other Phone _____

Primary Email Address mmevis@sbcglobal.net

Howard Resident? Yes No, I am a Resident of: Green Bay Suamico De Pere Bellevue Ashwaubenon Allouez Oneida Pulaski Hobart Other _____

Family Emergency Contact Jeanne Radke Relationship mother

Primary Phone 262 497 4216 Secondary Phone 262 495 554 7463 Other Phone _____

PROGRAM REGISTRATION INFORMATION

| Household Members | Gender | Birthdate | Program Name if Registering for a Class Today | Course # | Fee |
|---------------------------|--------|-----------|---|----------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| Total Program Fees | | | | | |

I understand participation in Leisure Services programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Howard, its employees and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. For program promotion purposes, photographs may be taken of participants from time to time and used in Village recreation publications. If you do not wish to have photographs taken or do not want your or your child's photographs in Village publications, please notify the photographer and/or program instructor. I am providing personal information solely for the purpose of participating in Howard Leisure Services Programs, and would not provide this information otherwise, and do not wish this information to be shared with parties outside of the Howard Leisure Services Department.

Signature Patty Mevis Date 12.31.13

FACILITY RENTAL INFORMATION

- Facility:
- Meadowbrook Pavilion
 - Meadowbrook Open-Air Shelter
 - Pinewood Enclosed Shelter
 - Akzo Nobel Sports Complex
 - Open-Air Shelter (at diamonds)
 - Village Hall Community Center
 - Village Hall Activity Room
 - Village Hall Duck Creek Conference Room
 - Other: _____

RENTAL DETAILS:

- Will alcoholic beverages be served? [] Yes No
- Will alcoholic beverages be sold? [] Yes No
- If yes, a permit is required from the Village Hall.*
- Will there be amplified sound of any kind? Yes [] No
(live band, dj, stereo system, etc.)
- If yes, what type DJ
- Where will it be located Near Shelter
- What time? From 9 am to 1 pm
- If yes, it CANNOT be heard by any neighbors. Must comply with Village Ordinance 24-282 and 24-283.*
- Will there be inflatables, tents and/or canopies? [] Yes No
Location must be approved. Tents only allowed on South side of shelter.
- Will you use a grill, fryer, booyah kettle or other cooking utility? Yes [] No
- If yes, what type grill
- Will the exterior electricity be used? Yes [] No
- Will exterior water be used? [] Yes No



CERTIFICATE OF LIABILITY INSURANCE

INTER05

OP ID: LP

DATE (MM/DD/YYYY)

01/09/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|--|------------------------------------|
| PRODUCER The Roehr Agency 8035 Hosbrook Rd. Suite 100 Cincinnati, OH 45236 Alvin F. Roehr, Jr. | CONTACT NAME: Linda Perry | |
| | PHONE (A/C, No., Ext): 513-985-0353 | FAX (A/C, No): 513-985-0359 |
| E-MAIL ADDRESS: lperry@roehrsins.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Cincinnati Insurance Company | | 10677 |
| INSURED International Rett Syndrome Mary Joyce Griffin 4600 Devitt Drive Cincinnati, OH 45246 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |
| | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|-------------------------------------|--------------|
| A | GENERAL LIABILITY | X | | CAP5232926 | 10/11/2013 | 12/01/2014 | EACH OCCURRENCE | \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$ 5,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| A | AUTOMOBILE LIABILITY | | | CAP5232926 | 10/11/2013 | 12/01/2014 | GENERAL AGGREGATE | \$ 2,000,000 | |
| | <input type="checkbox"/> ANY AUTO | | | | | | PRODUCTS - COMPI/OP AGG | \$ 2,000,000 | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | Emp Ben. | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| A | UMBRELLA LIAB | | | CAP5232926 | 10/11/2013 | 12/01/2014 | BODILY INJURY (Per person) | \$ | |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | <input checked="" type="checkbox"/> OCCUR | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | <input type="checkbox"/> RETENTION \$ | PROPERTY DAMAGE (PER ACCIDENT) | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | N/A | WC1919961 | 12/13/2013 | 12/13/2014 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS | OTHER | |
| | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

re: 9-20-14 Green Bay Strollathon. Certificate holder is listed as additional insured as respects this event.

CERTIFICATE HOLDER

VILHOWA

Village of Howard
Meadowbrook Park
670 Hillcrest Hts
Green Bay, WI 54313

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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