



# PROGRAM REGISTRATION & FACILITY RENTAL FORM VILLAGE OF HOWARD

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

JANICE HURTADO AEPPLI, CENTRAL DIVISION DIRECTOR AFSP  
(VOLUNTEER IN GREEN BAY)

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

Head of Household/Responsible Party EMILIE HUJET Birthdate \_\_\_\_\_ Gender F

Family Information (NATIONAL OFFICE ADDRESS)

Company/Organization Name (if any) AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Street Address 120 WALL ST., 29th FLOOR City NEW YORK, NY Zip Code 10005

Primary Phone 920-619-7226 Secondary Phone 312-402-2006 Other Phone 212-363-3500 NATIONAL OFFICE

Primary Email Address EMILIE'S EMAIL - emilie.hujet@gmail.com

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

Family Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**PROGRAM REGISTRATION INFORMATION**

Household Members	Gender	Birthdate	Program Name if Registering for a Class Today	Course #	Fee
<u>N/A</u>					
<b>Total Program Fees</b>					

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.

**INSURANCE CERTIFICATE ATTACHED**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 FOR MUSIC + SPEAKERS
- Where will it be located IN THE PAVILION
- What time? From 7 am/pm to 12 am/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 \_\_\_\_\_
- Will the exterior electricity be used?  Yes [ ] No
- Will exterior water be used?  Yes [ ] No

Day and Date of Rental: SAT, Nov. 3, 2012

Private Event [ ]

Open to the Public\*

Event Time: from 9<sup>00</sup> am/pm to 12<sup>00</sup> am/pm *\*If open to the public, a Certificate of Insurance is required. See rental policies & procedures.*  
 Reserve Time: from 7<sup>00</sup> am/pm to 2<sup>00</sup> am/pm

*Reserve time includes setup and cleanup.*

Use Type:  Family Party  Wedding Reception  Meeting  Event  Other \_\_\_\_\_

Maximum # of Participants Expected: 200 (Not to exceed building capacities)

Request for Special Arrangements or Setup: \_\_\_\_\_

As the official user or authorized designee of the above group, I hereby agree to accept the responsibility for the observance of all ordinances, regulations and policies established by the Village of Howard governing the use of all parks and recreational facilities. I furthermore accept full responsibility for any damages or excessive cleanup expenses that may be incurred as a result of the use of the above shelter or facility by myself or by those that I represent. I have received a copy of the Village of Howard rental policies and procedures and agree to abide by all the regulations and policies set forth for the use of the building and/or grounds. **As the responsible party, I agree to be present at all times during the rental with this rental form in my possession. During the rental, this form and the corresponding rules must be provided to any village official upon request.**

Signature: Jamice Hunsbuck Appli

Date: 8-15-12

**FACILITY RENTAL FEES**

	Category 1		Category 2		Category 3		
	Mon-Thurs	Fri-Sun	Mon-Thurs	Fri-Sun	Mon-Thurs	Fri-Sun	
Meadowbrook Pavilion	\$0	\$40	\$75	\$100	\$100	\$150	
Meadowbrook Open Air Shelter	\$0	\$15	\$30	\$50	\$50	\$75	
Pinewood Enclosed Shelter	\$0	\$25	\$50	\$75	\$75	\$115	
Akzo Nobel Sports Complex Open Air Shelter	\$0	\$15	\$30	\$50	\$50	\$75	
Village Hall Community Center	up to 4 hours	\$0	\$25	\$50	\$75	\$75	\$115
	whole day	\$0	\$50	\$100	\$150	\$150	\$225
Village Hall Activity Room	up to 4 hours	\$0	\$20	\$40	\$50	\$50	\$75
	whole day	\$0	\$40	\$80	\$100	\$100	\$150
Village Hall Duck Creek Conference Room	\$0	\$0	\$30	\$30	\$50	\$50	
Security Deposit	\$75	\$75	\$75	\$75	\$75	\$75	

- Category 1: Government Agencies, Non-Profit Organizations**
- Category 2: Village of Howard Residents, Charitable Groups within the Village of Howard, Schools**
- Category 3: Non-Residents of Howard, For-Profit Businesses**

**Examples**

**Government Agency:** Department of Transportation, Department of Natural Resources, Brown County Library  
**Non-Profit Organization** (any group with 501(c)(3) status): Howard Suamico Community Band, Duck Creek Softball Association, Howard Suamico Youth Soccer Association, Howard Hurricanes Soccer Club, Howard Suamico Pulaski Hockey Association, Howard Suamico Historical Society, Boy/Girl Scouts, YMCA, American Diabetes Association, Service Clubs  
**Charitable Groups within the Village of Howard** (any group without 501(c)(3) status): Howard Youth Sports Association, Special Interest Groups, Church Organizations, Ignite Youth Center, Sports Teams/Clubs  
**Schools:** Howard Suamico School District, St. John the Baptist School, Home School, Northeast Wisconsin Technical College, University of Wisconsin-Green Bay  
**Non-Residents of Howard:** Any individual who lives outside of the Howard Village limits  
**For-Profit Businesses:** Any group or individual who operates for a profit

Revised 9/30/2010

**Office Use Only**

Total Rental Fees: 40      Key # Issued: \_\_\_\_\_

Security Deposit: 75      Door Code : \_\_\_\_\_ #

Total Program Fees: \_\_\_\_\_      Date Key Issued: \_\_\_\_\_

Grand Total Due: #115      Date Key Returned: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/16/2012

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc.  250 Park Avenue 3rd Floor New York, NY 10177 Alice Prine	1-212-994-7100  <b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 212-994-7100 FAX (A/C, No): 212-994-7114 E-MAIL ADDRESS:														
<b>INSURED</b> American Foundation for Suicide Prevention  120 Wall Street, 22nd Floor  New York, NY 10005	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ST PAUL FIRE &amp; MARINE INS CO</td> <td>24767</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ST PAUL FIRE & MARINE INS CO	24767	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                      **CERTIFICATE NUMBER: 28711950**                      **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			10N50887	04/18/12	04/18/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			10N50875	04/18/12	04/18/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			10N50887	04/18/12	04/18/13	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder(s) is/are included as additional insured as respects negligence arising out of the named insured's operations.

Out of the Darkness Walk  
 \*Saturday, November 3, 2012\* ONLY

<b>CERTIFICATE HOLDER</b>  Village of Howard  Jon Rupno 2456 Glendale Avenue  Green Bay, WI 54313  USA	<b>CANCELLATION</b>  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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# Out of the DARKNESS<sup>SM</sup>

C O M M U N I T Y W A L K S

American Foundation for Suicide Prevention

The Green Bay, Wisconsin Community Walk Committee for the American Foundation for Suicide Prevention is requesting approval from the Village of Howard Board of Directors to use the Meadowbrook Park Pavilion on Saturday, November 3, 2012 for the Out of the Darkness Community Walk.

## **EVENT AGENDA**

7:00 am – Volunteers Set-Up  
9:00 am – Walker Registration  
10:00 am – Opening Ceremonies  
10:20 am – Walk Begins  
12:00 noon – Walk Ends  
12:00-2:00 pm – Volunteers Clean-Up

Emilie Hujet is the Volunteer Walk Chair for the event. She will lead a group of dedicated volunteers in planning the November 3<sup>rd</sup> event.

Our goal is to have 200 walkers participate and raise \$8,500.

## **EVENT DETAILS**

There will be registration tables set-up for when people arrive. Donations will be collected and shirts will be distributed to people who raise at least \$150.

We may have tables for raffles, snacks, drinks, and memorial displays. We hope to have a water station at the 1.5 mile mark of the walk route. Banners and directional signs will be used but will all be taken down by our clean-up volunteers. We will be sure to clean up any garbage as well.

Local Event Volunteer Contact – Emilie Hujet – [emilie.hujet@gmail.com](mailto:emilie.hujet@gmail.com) – 920-619-7226  
AFSP National Staff Contact – Janice Hurtado Aeppli, Central Division Director, AFSP - [jhurtado@afsp.org](mailto:jhurtado@afsp.org) - 312-402-2006

## **WHY WE WALK**

More than 36,000 people die by suicide each year. Every minute of everyday, someone makes an attempt. We walk to give those who suffer in silence a voice. Some of us are individuals who have lost a loved one to suicide; some of us have faced our own struggles. All of us walk to prevent suicide. Please help us fight suicide by approving our walk. Thank you for your consideration.

