



**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 Melissa De Clerc Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

**Family Information**

Company/Organization Name (if any) AFSP - Out of Darkness Walk Swicide Prevention Walk

Street Address 2830 Hillcrest Ct. City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Melissa 619-1030 Secondary Phone Linda 265-6048 Other Phone 434-8517 Melissa

Primary Email Address meldeclerc@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 \_\_\_\_\_ 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.

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 Sound for Music - Entertainment
- Where will it be located in the Pavilion
- What time? From 7:30 (am/pm) to 1:00 (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: 9/10/11 Private Event [ ] Open to the Public\* [  ]

Event Time: from 9:30 am/pm to 12:00 am/pm Reserve Time: from 7:00 am/pm to 2:00 am/pm  
*\*If open to the public, a Certificate of Insurance is required. See rental policies & procedures.*

Use Type:  Family Party  Wedding Reception  Meeting  Event  Other \_\_\_\_\_  
*Reserve time includes setup and cleanup.*

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: Melissa De Cleve Date: 9/28/11

*Saw to 10pm unless V. Board other hours.*

**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

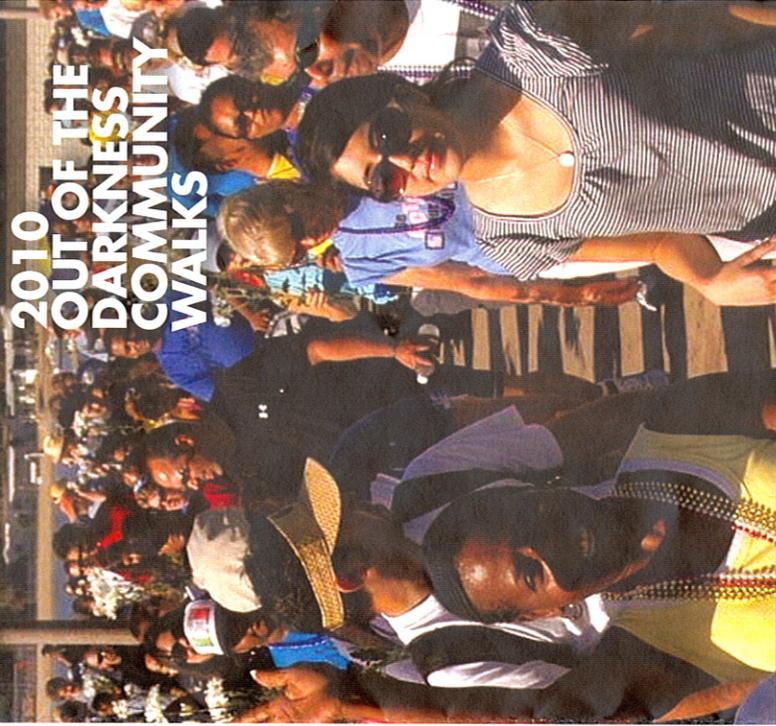
Total Rental Fees: \_\_\_\_\_ Key # Issued: \_\_\_\_\_  
 Security Deposit: 75 - \$5493 Door Code: 28301 # \_\_\_\_\_  
 Total Program Fees: \_\_\_\_\_ Date Key Issued: \_\_\_\_\_  
 Grand Total Due: \_\_\_\_\_ Date Key Returned: \_\_\_\_\_

**TO FIND A WALK IN  
YOUR COMMUNITY**

GO TO:  
**OUTOFTHE DARKNESS.ORG**

**WALK TO  
PREVENT  
SUICIDE**

**2010  
OUT OF THE  
DARKNESS  
COMMUNITY  
WALKS**



**REGISTER & DONATE TODAY  
OUTOFTHE DARKNESS.ORG**

*Out of the*  
**DARKNESS**<sup>™</sup>

COMMUNITY WALKS  
American Foundation for Suicide Prevention



American Foundation  
*for* Suicide Prevention



American Foundation  
*for* Suicide Prevention

120 Wall Street, 22nd Floor  
New York, New York 10005

NONPROFIT  
ORGANIZATION  
U.S. POSTAGE  
**PAID**  
NEW YORK, NY  
PERMIT NO. 1046

*Out of the*  
**DARKNESS**<sup>™</sup>

COMMUNITY WALKS  
American Foundation for Suicide Prevention



# WALK TO SAVE LIVES

**IN THE UNITED STATES**, a person dies by suicide every 16 minutes, claiming more than 33,000 lives each year. It is estimated that an attempt is made every minute; with close to one million people attempting suicide annually.



Suicide is the fourth leading cause of death in the U.S. among adults 18-65, the third leading cause of death among teens and young adults, and individuals ages 65 and older account for 16 percent of all suicide deaths. This is a public health issue that does not discriminate by age, gender, ethnicity, or socio economic status.

**The American Foundation for Suicide Prevention (AFSP)** is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

By walking in AFSP's **Out of the Darkness Community Walks** you will be walking with thousands of people nationwide to raise money for AFSP's vital research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide, and assist survivors of suicide loss.



# WALK TO RAISE FUNDS

AFSP funds research aimed at improving our understanding of suicide and ways to prevent it as well as educational programs to increase awareness about prevention, warning signs and the psychiatric illnesses that can lead to suicide.



## REGISTER TODAY! DONATE!

## IT'S EASY! OUTOFTHEDARKNESS.ORG

If you wish to donate by check or money order please follow the instructions below:

- 1 Make all **CHECKS** payable to: AFSP
- 2 Please write the walk location and participant you are supporting in the memo line of your check
- 3 **MAIL** all donations to:  
AMERICAN  
FOUNDATION FOR  
SUICIDE PREVENTION  
120 WALL STREET  
22ND FLOOR  
NEW YORK, NY 10005



# WALK TO HONOR LOVED ONES

Suicide is a national health problem that takes an enormous toll on family, friends, co-workers, and the entire community. AFSP provides opportunities for survivors of suicide loss to get involved through a wide variety of educational, outreach, awareness, advocacy and fundraising programs.



**A contribution to AFSP is a good investment!** Nearly 83 cents of every dollar goes directly to AFSP's programs of research, education, advocacy and survivor services.

**SUPPORT A WALKER...  
DONATE ONLINE...  
REGISTER...  
OUTOFTHEDARKNESS.ORG  
1-888-333-AFSP (2377)**

The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.



American Foundation  
for Suicide Prevention

# Out of the Darkness Walk

Sponsored by

The American Foundation for Suicide Prevention

We are looking for approval to use the Meadowbrook Park Pavilion.

When: 9/10/11

Time: 7:00 am (set-up). Registration starts at 7:30, walk starts at 9:00 and everything should be done by noon.

Distance: 3 miles (around the block), attached.

## **Event Agenda:**

This walk is not for just one person, this walk is for the community. Most families form walking teams and raise donations in memory of someone they lost to suicide. Unlike most walks there is no fee to walk. If you raise \$150.00 in donations per person, you will receive an AFSP Out of the Darkness t-shirt.

We have contacted Erin Davison from WFRV-TV to be the event announcer, (she announced last years walk and she said she would do it again). From getting everyone's attention to begin the walk, to announcing raffle winners. There are many donated items which some are used as door prizes and other items are used for raffle ticket purchases.

We are looking into having a local radio station at the event to cover the walk and also have some music before the walk starts.

The Mayor has been at the last two walks and we hope he attends again.

Number of walkers last year, approx 200 people.

## **Event details:**

\*Registration tables: Filling out registration forms, handling money donations, and passing out of t-shirts, (most people register on line before they come to the walk, but we have day of registration).

There will be a raffle, balloon, and sellable items tables, all monies are added to the days walk donations total.

Water station; if the YMCA will allow we will have a water station in their parking lot. This will be the 1.5 mile mark.



We will have a takedown Crew: Remove all signs, make sure the pavilion is clean, go around after the walk route and make sure no water bottles are in yards or the street.

Any questions please contact Melissa De Clerc 920-619-1030

## **WALK TO SAVE LIVES...**

In the United States, a person dies by suicide every 16 minutes, claiming more than 34,000 lives each year. It is estimated that an attempt is made every minute; with close to one million people attempting suicide annually. With your participation, you will not just be walking, and your donors will not just be writing a check - you will be helping to save lives.

By walking in the *Out of the Darkness* Community Walks to benefit the American Foundation for Suicide Prevention (AFSP), **you will be walking with thousands of people nationwide to raise money for AFSP's** vital research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide, advocate for mental health issues, and assist survivors of suicide loss.

## **WHY WE WALK**

**WALK TO HONOR A LOVED ONE** Many walk in memory of a loved one lost to suicide. AFSP provides opportunities for survivors of suicide loss to connect with each other and get involved through a wide variety of educational, outreach, awareness, advocacy and fundraising programs. **Each walk site has its own unique remembrance activity in which you can participate to honor a loved one.** (*We have balloons that can be purchased and many people write messages to their loved ones on them. At the end of the walk the balloons are released.*)

**WALK TO SUPPORT THE CAUSE** Those who have struggled personally with mental illness or suicide, those who come to support a friend or family member, those who are passionate about mental health education and advocacy also participate in the Out of the Darkness community walks.

**WALK TO RAISE AWARENESS** AFSP funds research aimed at improving our understanding of suicide and ways to prevent it as well as educational activities to increase awareness about prevention, warning signs and the psychiatric illnesses that can lead to suicide. People need to be aware of this public health issue.

*By deciding to walk you are taking us a step closer to making suicide prevention a national priority.*



35 Tillary St., Brooklyn, N.Y. 11201

District  
Director

Date: JUL 06 1987

American Suicide Association  
1045 Park Avenue  
New York, NY 10028

Employer Identification Number:  
13-3393329  
Accounting Period Ending:  
June 30th  
Foundation Status Classification:  
509(a)(1) & 170(b)(1)(A)(vi)  
Advance Ruling Period Ends:  
June 30, 1991  
Person to Contact:  
D.M. Hamilton  
Contact Telephone Number:  
(718) 780-6138

Dear Taxpayer:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section(s) 509(a)(1) & 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for further periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

(2)

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) & 170(b)(1)(A)(vi) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) & 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service has given notice that you would be removed from classification as a section 509(a)(1) & 170(b)(1)(A)(vi) organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Beginning January 1, 1984, unless specifically excepted, you must pay taxes under the Federal Insurance Contributions Act (social security taxes) for each employee who is paid \$100 or more in a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000\*, or \$25,000 for years ended on or after December 31, 1982. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

Letter 1045(DO)(6-77)

(3)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

cc: Carol F. Burger, Esquire  
Parker, Chapin, Flattau, & Klimpl  
1211 Avenue of the Americas  
New York, NY 10036

Enclosure: Form 872-C

\* For tax years ending on and after December 31, 1982, organizations whose gross receipts are not normally more than \$25,000 are excused from filing Form 990. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990.

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
G.P.O. BOX 1680  
BROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

Date: NOV 19 1991

AMERICAN SUICIDE FOUNDATION  
1045 PARK AVENUE  
NEW YORK, NY 10028

Employer Identification Number:  
13-3393329Contact Person:  
FRED HYMOWITZContact Telephone Number:  
(718) 780-6114Our Letter Dated:  
July 6, 1987Addendum Applies:  
NO

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social Security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. For guidance in determining whether your gross receipts are "normally" more than \$25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

-2-

AMERICAN SUICIDE FOUNDATION

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Eugene D. Alexander  
District Director

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TRE

Date:

JAN 12 1998

AMERICAN FOUNDATION FOR SUICIDE  
PREVENTION  
120 WALL ST - 22 FLOOR  
NEW YORK, NY 10005-4001

Employer Identification Number:  
13-3393329

DLN:  
318012067

Contact Person:  
MORRIS PITTINSKY

Contact Telephone Number:  
(718) 488-2349

Date of Exemption:  
198701

Internal Revenue Code  
Section 501(c)(03)

Dear Applicant:

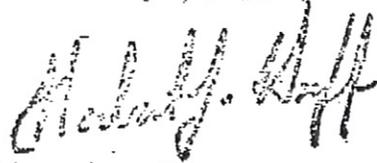
— Thank you for submitting the information shown on the enclosure. We made it a part of your file.

The changes indicated do not adversely affect your exempt status and exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,



District Director

-2-

AMERICAN FOUNDATON FOR SUICIDE

Item Changed

From

To

Name Change

American Suicide  
Foundation

American Foundation for  
Suicide Prevention

