

Date: Aug. 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. #5

PLEASE PRINT CLEARLY

Name Thomas J. Staebig
Address 4309 Hegg Ave.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

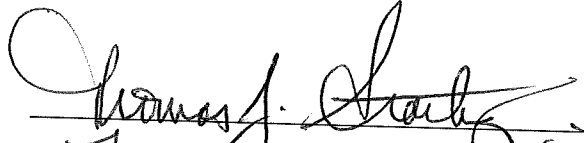
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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date Aug 8, 2017

Signature



Print Name

Thomas J. Steebig

Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Mary A. Boyd
Address 1234 Alexandria Ln
Madison 53718

Please check the appropriate boxes:

- Support
- Oppose *Closing Monona*
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature

Mary Boyd

Print Name

Mary Boyd

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Chris Lynch
Address 4514 Stone Acres Rd
Monona, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing.....	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 48254

PLEASE PRINT CLEARLY

Name A.J. Kriha

Address _____

Please check the appropriate boxes:

- Support
- Oppose *Closing*
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

The First Tee South Central Wisconsin

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Mark Buffat
Address 4912 Wallace Ave
Monona WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No
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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

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Date 8-9-17

Signature



Print Name

Mark Buford

Date: AUG 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name MIKE SLOAN
Address 305 S. FEW ST
MADISON WI 53703

Please check the appropriate boxes:

- Support
- Oppose CLOSING MONONA
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____

Date: 8-9-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Suzanne Harp
Address 303 E. Dean Ave
53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Other Items 3 minutes

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Date _____

Signature _____

Print Name _____

Date: 8.8.2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Beth Zeier
Address 1634 Kings Mill Way
Madison, 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name KATE NOLAN
Address 5700 TECUMSEH AVE
MONONA, 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature



Print Name

KATE MORAN

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Darlene White
Address 4613 Hermansvies Ln
Madison 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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Name, address and telephone number of each person or organization you are representing:

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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8 Aug 2018

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Carla Draper
Address 177 Ohio Ave
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name BERT SLINDE

Address 914 Progressive La.
Monona, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION FORM - PAGE 2

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Date 8/8/17

Signature Bert Slinde
Print Name BERT SLINDE

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 5

PLEASE PRINT CLEARLY

Name Amy Scarr
Address 280 Division St., #305
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Swing 'N' Ms Golf League
Madison, WI

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: Aug 7, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 48254

PLEASE PRINT CLEARLY

Name Ann Waidelich
Address 2160 Lakeland Ave

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Historic Blooming Grove Historical Society

Are you being paid for your representation?

- Yes
- No

Are you appearing as part of your other paid duties for this person or organization?

- Yes
- No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing..... 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Yes No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date Aug 7/2017

Signature

Ann Waidelich

Print Name

Ann Waidelich

Date: AUG. 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name KAREN MATTEONI
Address 1710 YAHARA PL
MADISON, WI - 53704

Please check the appropriate boxes:

- Support
 - Oppose SELLING PARKLAND
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

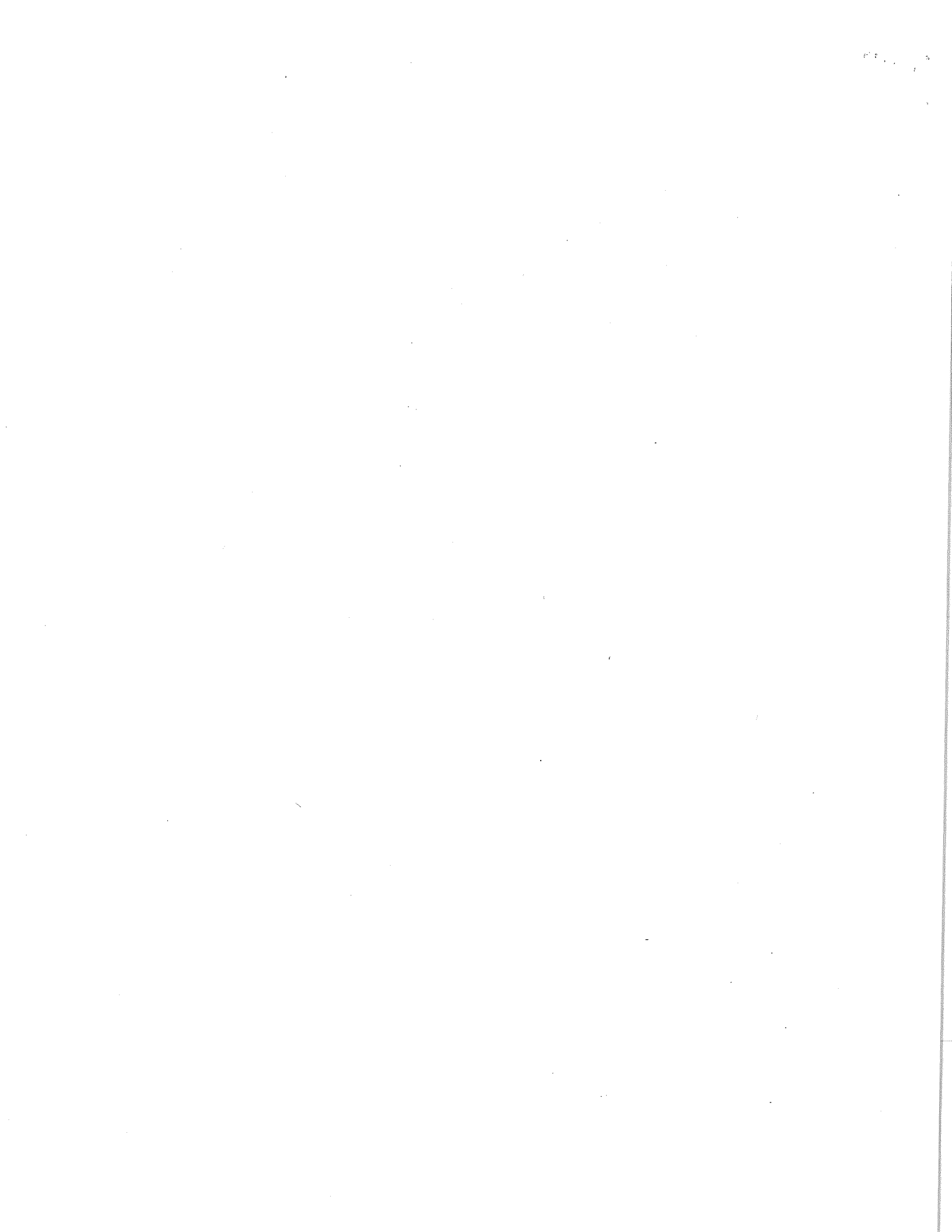
Date: 8/8/17

Name: MATTEONI, KAREN

Address: 1710 YAHARA PL
MADISON, WI. 53704

Written Statement:

I AM A CROSS COUNTRY
SKIER AND A HIKER. SELLING
OFF PARKLAND IS VERY SHORT
SIGHTED). WE WILL NEVER
HAVE THE MONEY TO BUY
NEW LAND.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. #5

Name Beth Godfrey
Address 6 Bromley
MADISON WI 53714

Please check the appropriate boxes:

- Support
- Oppose *closure of Monona Golf*
- Neither Support Nor Oppose *course*

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

8-8-17

SCOTT KERR
4622 MARTHA LN
MADISON WI - 53714

X NEITHER SUPPORT OR OPPOSE

X WISH TO SPEAK

REPRESENTING MYSELF

NOT BEING PAID BY ANYONE.

NOT ELECTED TO ANY POSITION



City of Madison

City of Madison
Madison, WI 53703
www.cityofmadison.com

Agenda - Approved GOLF SUBCOMMITTEE

Tuesday, August 8, 2017

6:00 PM

Olbrich Gardens
3300 Atwood Ave, Atrium Room

If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below immediately.

Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese inmediatamente al número de teléfono que figura a continuación.

Yog tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntaub ntawv ua lwm yam los sis lwm cov kev pab kom siv tau qhov kev pab, kev ua num los sis kev pab cuam no, thov hu rau tus xov tooj hauv qab no tam sim no.

NOTE: Please contact the Parks Division at 608-266-4711.

1 CALL TO ORDER / ROLL CALL

2 APPROVAL OF MINUTES

July 18, 2017: <http://madison.legistar.com/Calendar.aspx>

3 PUBLIC COMMENT

(3 minute speaking limit for items not on the Agenda)

4 DISCLOSURES AND RECUSALS

Members of the body should make any required disclosures or recusals under the City's Ethics Code.

NEW BUSINESS

5 48254 2016 Annual Report and Discussion on Future Planning

6 ADJOURNMENT

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: Scott Kere

Address: 4622 MARSH LN
MADISON NJ 07714

Written Statement:

HOPING THE PARKS DEPT FINDS A WAY
TO KEEP ALL COURSES OPEN TO MADISON
RESIDENTS.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 5

PLEASE PRINT CLEARLY

Name Dave Chamberlain
Address Jerome St

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name

Ken Russell

Address

1134 GLACIER Hill Dr
MADISON 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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Are you being paid for your representation?

- Yes No

Are you appearing as part of your other paid duties for this person or organization?

- Yes No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing..... 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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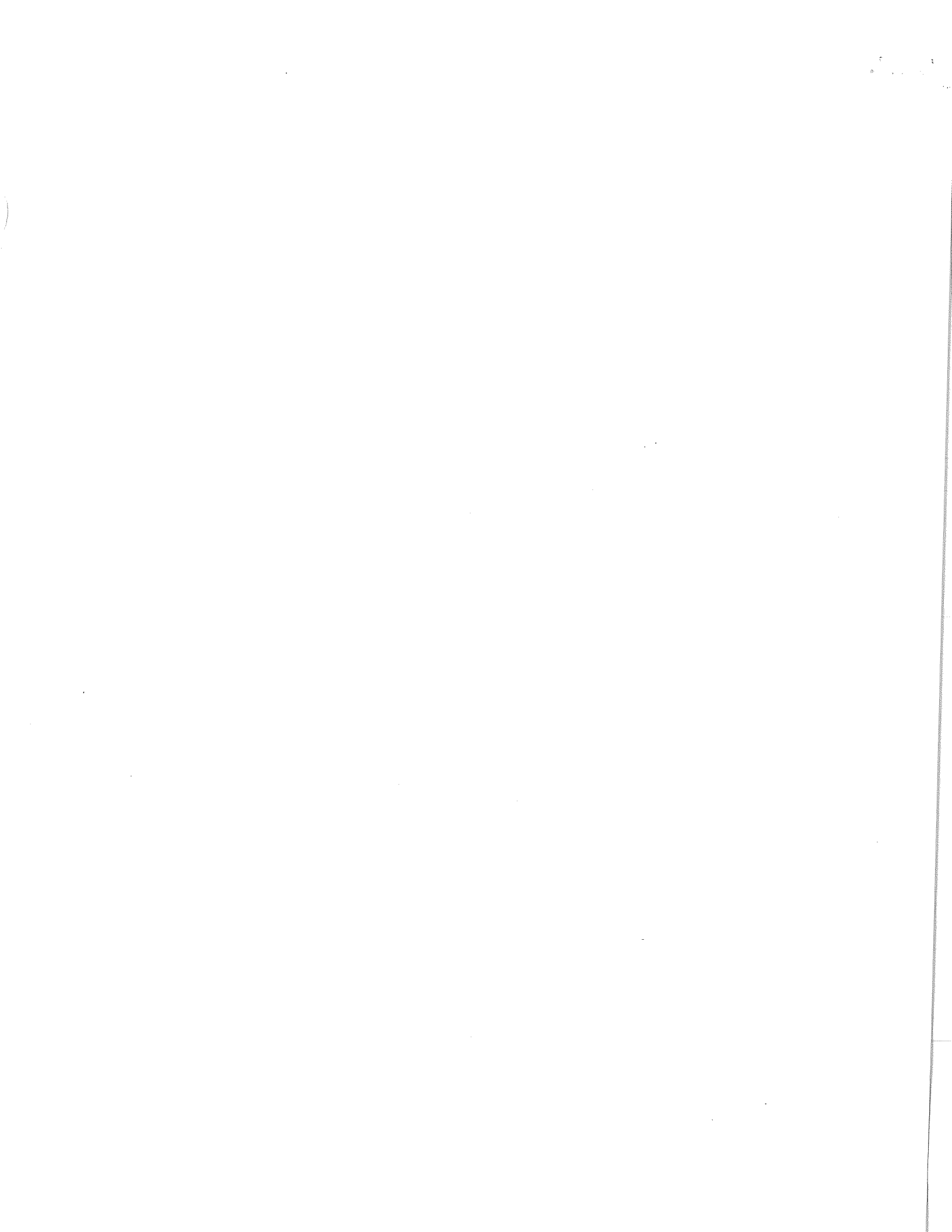
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Date _____

Signature _____

Print Name _____



Date: 8-7-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Barry Keov

Address 319 Seth Cook

Madison

Agenda No. _____

Please check the appropriate boxes:

- | | | | | |
|-------------------------------------|-----------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | Support | and | <input checked="" type="checkbox"/> | Wish to speak |
| <input checked="" type="checkbox"/> | Oppose | <u>Save of Monona Golf Course land</u> | <input type="checkbox"/> | Do not wish to speak |
| <input type="checkbox"/> | Neither Support Nor Oppose | | <input type="checkbox"/> | Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: _____

Name: _____

Address: _____

Written Statement:

Keep the Monona Golf Course open, if possible.
If not, maintain the land as a park,
as it already is, used by many non-golfers.
Sell none of it! Irreplaceable.
It seems the east side is short-changed
quite often, in favor of the west side.

Date: 8-7-17

CITY OF MONONA

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Arlene Gorski

Address 4101 Monona Dr
Monona, WI 53716

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the remainder of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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(If you answered "no," STOP; you need not complete the remainder of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

Date: 9/9/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name DENNIS HARTMAN
Address 4604 Esch Ln
MADISON WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Gail Steingraber
Address 4206 Jerome St
Madison WI 53716

Agenda No. _____

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | and | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appointed or hired solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____ Signature _____
Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Sharon Raimondo
Address 4510 Bonner Ln
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: Sharon Raimondo

Address: 4510 Bonnerha
Madison

Written Statement:

Closing Monona will not help the city budget.
many of the golfers will go to non city courses
because Mahara is too long. Revenues will
be lost to the city.

Please don't close Monona Golf Course

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Ken Foster
Address 6311 Kilpatrick LN
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8-8-2012

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name JOHN BAILEY
Address 10 HIGHL CLIFF CT.
MADISON, WI. 53718

Please check the appropriate boxes:

- Support
- Oppose CLOSING
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name: JIM MAEL
Address: 106 Joyce dr #6
Lodi, WI. 53555

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Arlene Jaster
Address 5385 Marie Rd.
Oregon, WI 53575

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature Arlene Jaster

Print Name Arlene Jaster

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/17

Name: Arlene Jaster

Address: 5385 Marie Rd.

Oregon, WI 53575

Written Statement:

I have been a member of the WMGA - 9-hole league for almost 30 years. Since moving to the Town of Oregon six years ago, I still continued golfing in Madison - mainly because of Monona Golf Course. ~~The~~ ^{Our league} rotates between Monona & Yahara but ^{as} Yahara has always been my least favorite course - always wet, too long for senior golfers. Monona is perfect for us. If you close Monona, I will not renew my WMGA membership & most likely ^{will} take my membership to Furboro, which is less than 10 minutes from my home. I will not golf Yahara every week!

Date: 8/8/07

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name LOUISE Fosdick
Address 4108 Bachelard
Madison WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

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Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

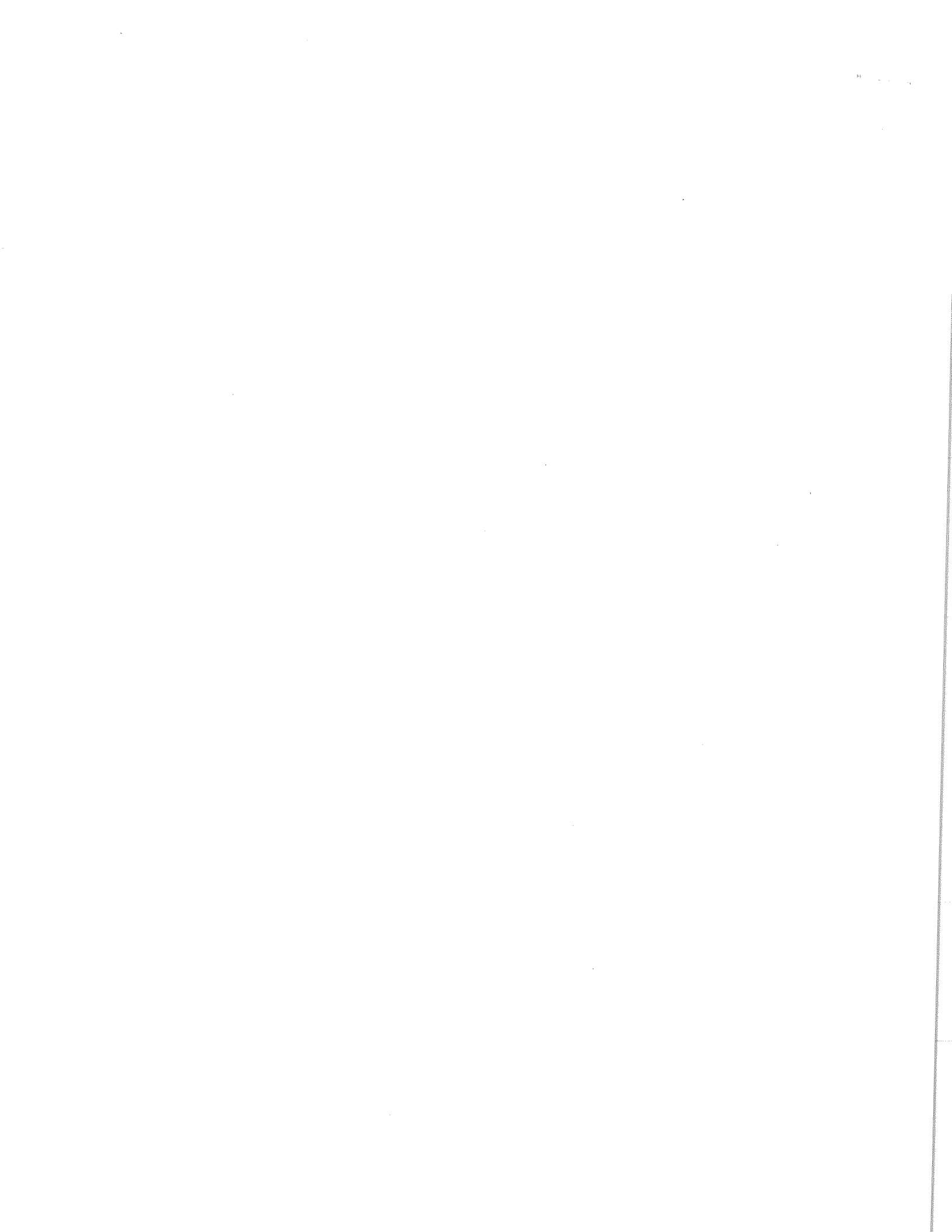
Date: 8/8/17

Name: LOUISE FOSDICK

Address: 4108 Buechel Rd
Madison WI 53716

Written Statement:

Monona Golf Course is an asset
for the Community! Period!



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 48254

Name RAY SHANE
Address 5028 TURNER AVE
MADISON, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature



Print Name

Ray Shane

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Martha Coughlin
Address 20 S W Lakeview Ave
Madison 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Speaking Limits:

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- Information Hearing..... 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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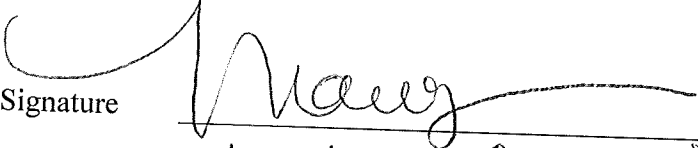
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Date 8/8/17

Signature 
Print Name Martha Caughlin

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: Martha Coughlin

Address: 205 W. Latimer Ave
Madison 53716

Written Statement:

I strongly believe that it would be a bad decision for the neighborhood, city and people of Madison to close Monona Golf course. It is a widely used park as well as a golf course and a unique green space along a very unattractive road - Monona Drive.

There are many vacant store fronts along Monona Drive and many more new dwellings being built closer to the center of Madison. The bus system provides limited service to the area so it would just be creating another automobile centric community vs urban walkable and accessible living area.

I strongly oppose this plan to develop the golf course for any other use.



Date: AUG. 8 / 17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name JERRY HERMANSON
Address 1818 DONDEE RD
MADISON, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Other Items 3 minutes

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name RICHARD McCANN
Address 211 E. LAKEVIEW AVE
MADISON, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name _____
Address _____

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
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Date _____

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Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: Dan Dettmann

Address: 609 S. Shore Dr.
Madison 53715

Written Statement: Re: Potential Closure of Monona G.C.

The two best City courses for Year-round play are Glenway & Monona. Yahara has had wetness problems for years and as a result it is difficult to play from early Spring to mid-summer. Even when officially open, the rough gets too tall (too wet to mow) and golfer's feet get soaked after a few holes.

Is there an affordable way to improve the drainage at Yahara? If not, any other improvements will not appreciably add revenue through increased play.

Keep Monona G.C. open!

Consider reducing Yahara from 36 to 18 holes.

Request that City golf courses get public taxpayer subsidies, similar to how the City subsidizes tennis, softball, baseball, and other recreational activities.

Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Mary Lynn Kretchmar
Address 6004 Winnequad Road
Monona, WI 53716

Please check the appropriate boxes:

- Support
- Oppose** *closing monona Golf course*
- Neither Support Nor Oppose**

- and
- Wish to speak**
 - Do not wish to speak**
 - Available to answer questions**

At this meeting are you representing an organization or a person other than yourself: Yes No
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-2016

Name: Mary Lynn Kretchmar

Address: 6004 Winnequah Road
Monona, WI 53716

Written Statement:

Please keep the Monona Golf course open.
I agree with the statement "once it is gone
there is no turning around." The golf course
is a real asset to this community.
Give the east side the same consideration
as the west side.

Date: Aug 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name MARY BRASKAMP
Address 1403 ARROWOOD D
MADISON, WI 53704

Please check the appropriate boxes:

- Support
 - Oppose THE SHUTTING DOWN OF MONONA GOLF COURSE
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
member of Tue Kraft/Oscar Mayer GOLF LEAGUE.
THIS LEAGUE HAS BEEN IN EXISTENCE FOR OVER 30 YEARS.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Other Items 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date 8/7/2017

Signature

Mary L Braskamp

Print Name

MARY L BRASKAMP

Date: 8/7/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name JOSE LOPEZ
Address 817 JACOBSON AVE
MADISON, WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Information Hearing..... 3 minutes
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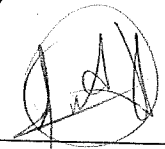
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Date 8/7/17

Signature 
Print Name Jose Lopez

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/07/17

Name: Jose Lopey

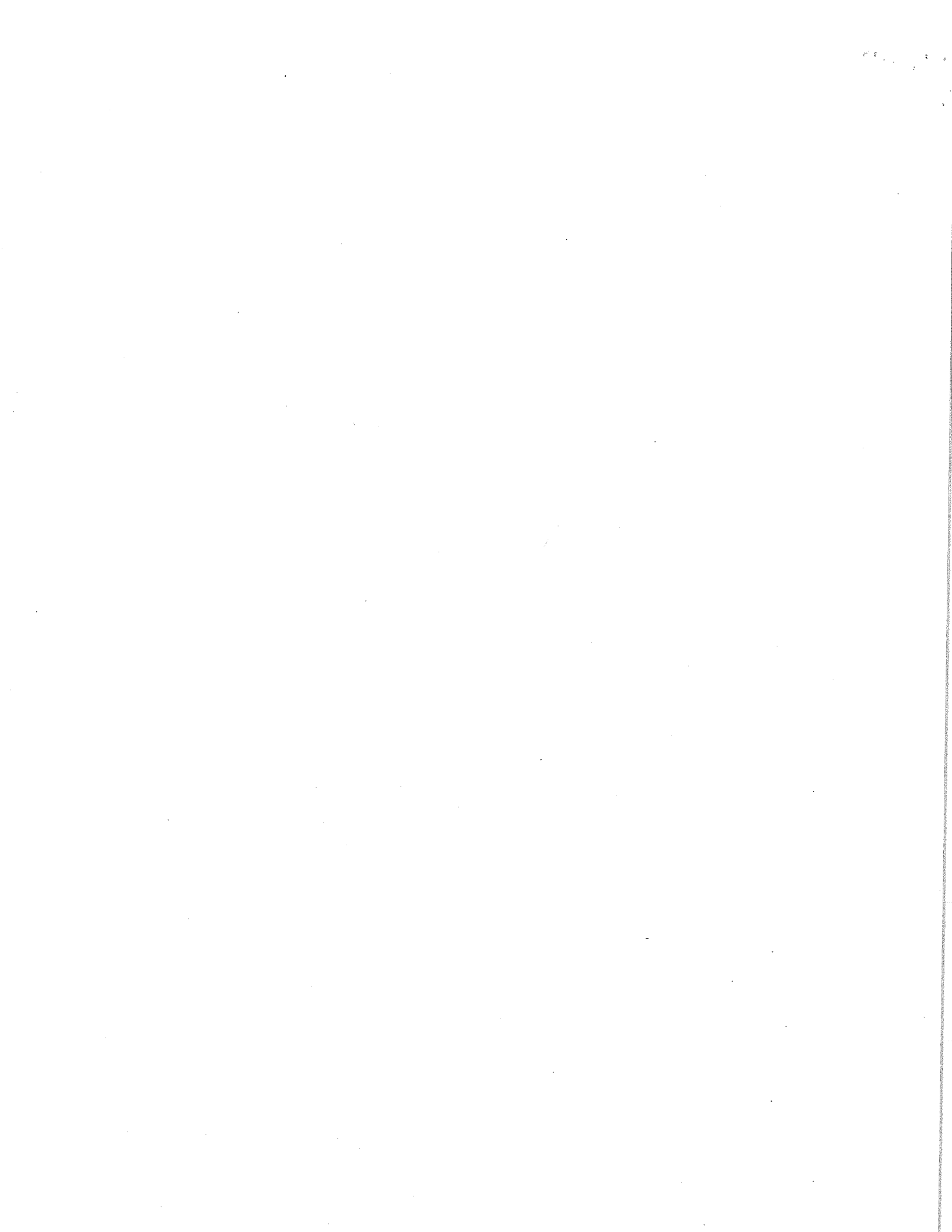
Address: 817 Jacobson Ave.
Madison, WI 5374

Written Statement:

I just found out ~~about~~ about this outrageous idea of selling Monona Golf Course to help maintain an already ~~needed~~ broken and in need of investment Yahara Hills.

As a parent of a child whom wanted to play golf and got his only opportunity to do so with the First Tee of South Central Wisconsin at Monona Golf Course, My son couldn't ~~afford~~ play or learn the game because how expensive it is. The First Tee offered him that opportunity and also to my daughter now 8 years old. My son is now 13 and has grown to be able to become a caddy. Our family is a family that love outdoors and outdoors activities all year around. We hike, snow shoe, cross country ski. It's not only us it is a big community of people that uses Monona all year around.

I OPPOSE THIS HORRIBLE IDEA OF SELLING MONONA, TO BE TRUTHFUL THAT IS NOT EVEN AN IDEA. A GREAT IDEA FIND SOLUTIONS AND DOESN'T TAKE THE OPPORTUNITIES OFFERS.



Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name DAVID Chamberlain

Address 4207 Jerome St

MADISON 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Ella Mulcahy-Akins
Address 307 E. Dean Ave
Madison

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing..... 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name GLEN SCHUBERT
Address 2786 WAUBESA AVENUE
MADISON, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature

Glen Schubert

Print Name

GLEN SCHUBERT

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/2/17

Name: GLENN SCHUBERT

Address: 2780 WAUBESA AVE
MADISON, WI 53711

Written Statement:

PLEASE KEEP MONONA OPEN

CONSIDER GENERAL FUND SUBSIDY

YAHARA HILLS IS A GREAT COURSE BUT NEEDS

IMPROVEMENTS AND SHOULD BE FIRST ON THE

LIST FOR SUBSIDY FUNDS

DO NOT CLOSE THESE COURSES, THEY ARE

A GEM TO THE CITY AND NEED TO BE

APPRECIATED AS SUCH



Date: Aug. 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Brent Nicastro
Address 1707 Rutledge St
Madison, WI 53704

Please check the appropriate boxes:

- | | | |
|--|-----|--|
| <input type="checkbox"/> Support | and | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose <i>(sale of Monona Golf Course)</i> | | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date Aug 8, 2017

Signature

Brent Nicastro

Print Name

Brent Nicastro

I am strongly opposed to closing the Monona Golf Course. I have played the course on a regular basis for the last 25 years and have firsthand knowledge of the benefits the course provides to people of all ages and athletic abilities, and particularly to older golfers like me.

I believe there are several faulty assumptions involved with the suggestion to close the course and sell some of the land for development. First, I question whether there is a demand for housing along a very busy street with views of McDonald's and a funeral home. And if the idea is to sell the land for commercial use, I'd suggest taking a look at the number of already vacant buildings along Monona Drive.

Second, if there is an assumption that golfers who now use Monona will simply shift over to Yahara, I don't believe that will happen. Yahara is a much longer course and is not as user friendly as Monona to older golfers and those just learning the game. It also requires some often treacherous beltline driving to get to and from the course. My strong belief is that displaced golfers will instead take their business to Bridges, thereby removing that revenue entirely from the city.

If selling any course is necessary, my suggestion would be to sell Glenway. The land along two edges of Glenway would fit well with residential and commercial development, and Glenway is just a short distance from Odana, which would undoubtedly pick up the business.

Before any drastic action like closing and selling off chunks of golf courses is taken, I'd suggest increasing revenue by the easiest method, which is raising the green fees. I believe a 20% increase would still keep rounds at the city courses affordable, particularly with the discount cards.

Brent Nicastro
1707 Rutledge St
Madison, WI 53704

bnphotog@yahoo.com



Date: 8/8/2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Kristine Gay
Address 319 Seth Circle
Madison, WI 53716

Please check the appropriate boxes:

- Support
- Oppose** - *selling any of Monona Golf Course*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak**
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits:

- Public Hearing (Common Council) 5 minutes
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- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/2017

Signature

Kristine Gay

Print Name

Kristine Gay

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/2017

Name: Kristine Gay

Address: 319 Seth Circle
Madison, WI

Written Statement:

As a property owner whose property is adjacent to the park around the golf course, I am highly opposed to selling off any of this public land - Building along Monona Drive - with development would likely limit the access to this beautiful park space. The golf course provides community connection and recreation - improving quality of life. It provides refuge for many wild animals. The park is mature and is used by many as a trail around the golf course.

In addition developing the golf course by selling off the land will decrease the value of the properties in our area. We searched for 30 years to find a property with green space -

In the winter we ski, in the summer we hike -

This park is a treasure - it adds beauty to the whole area along Monona Drive - I strongly oppose closing Monona Golf Course I oppose selling any of our public parks land -

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name TIM CASPER
Address 5711 WINNEQUAT RD.
MONONA, WI 53713

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
MONONA EAST SIDE BUSINESS ALLIANCE, BOARD PRESIDENT

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature 
Print Name DM CASPER

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/17

Name: TIM CRIPER

Address: 5711 WINNEQUAH RD
MONONA, WI

Written Statement:

WHEN I LEFT THE COURSE THIS
MORNING, 50-60 WOMEN WERE PLAYING.
THESE ARE MOSTLY WOMEN WHO
WOULD NOT DRIVE ELSEWHERE TO PLAY
BECAUSE OF THE LENGTH OF OTHER COURSES
AND HILLS. WOMEN NEED A PLACE TO
PLAY.



Date: 8-8-2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. <u>5</u>

PLEASE PRINT CLEARLY

Name Terry Pankow

Address 2381 Springrose rd
Verona, Wi, 53593

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

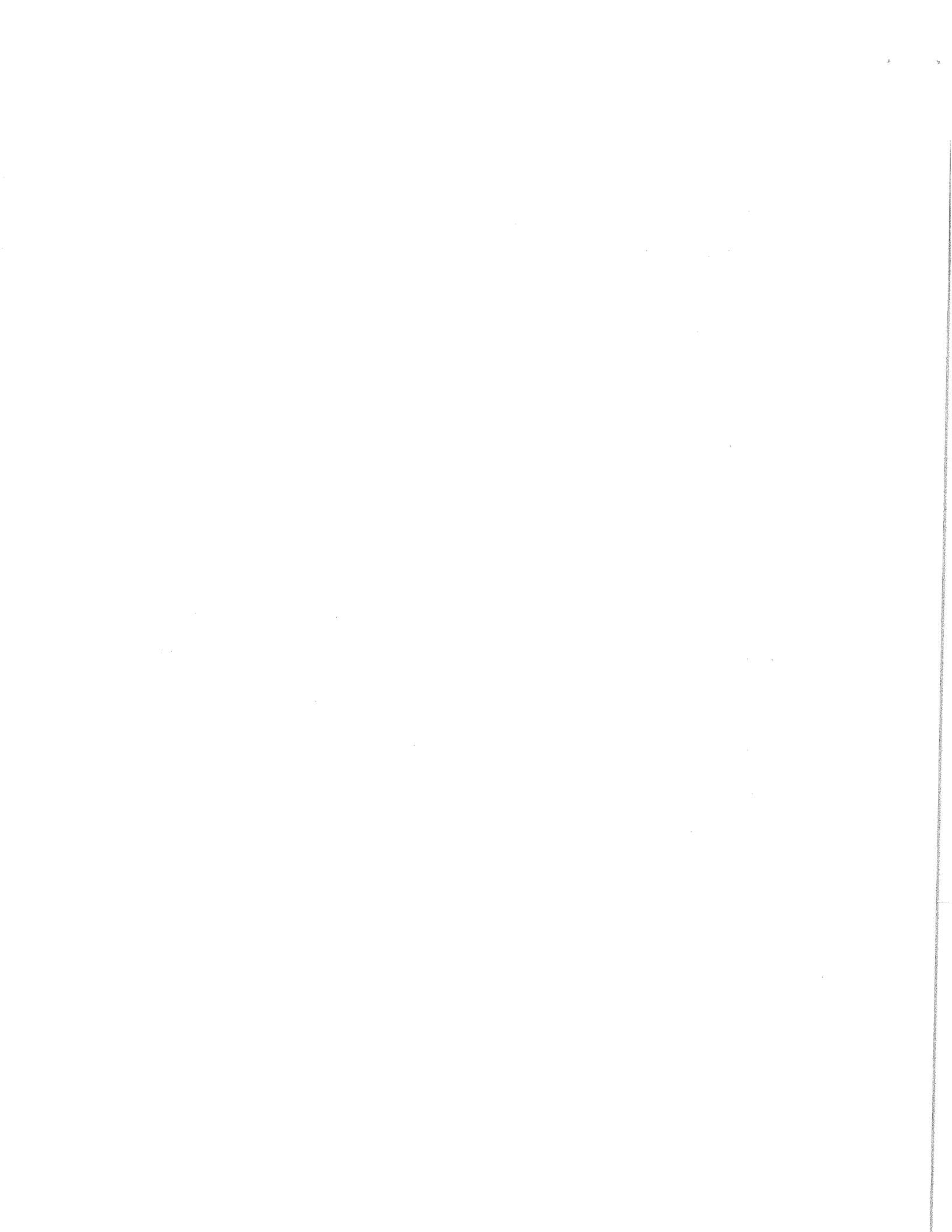
Date: 8-8-2017

Name: Terry Pankow

Address: 2381 Springrose rd
Verona, WI 53593

Written Statement:

I strongly oppose to the closing and sale of Monona
Golf Course. There is nothing that can be done to
improve the usership of Yahara G.C. It would be
better to sell property at Yahara. I lived in Madison
for 28 yrs. and played Glenway, Adana and Monona.
These 3 courses offer the best way to get ~~young~~ young
golfers into the game. I continue to play at
Glenway, Monona and Adana. I hardly ever play at Yahara.
I do not see the diversity of golfers at Yahara that I
see at the other 3 courses.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name OTTO KRUEGER
Address 137 LEON ST
MADISON, WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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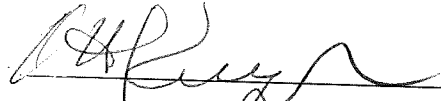
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Date 8/8/17

Signature



Print Name

OTTO KRUEGER

Date: 8-7-2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name DAVID GORSKI SR.
Address 4101 MONONA DR # 203
MONONA, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
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Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name JAMES A. CRAIG
Address 129 BUCKINGHAM LAKE
MADISON, WI 53714

Please check the appropriate boxes:

- Support
- Oppose *CLOSING MORONA*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>Monona Closure</u> <u>Issue ?</u>
--

Name Judith Louer

Address 4209 Claire St
Madison WI 53716

Please check the appropriate boxes:

- | | | |
|--|-----|--|
| <input type="checkbox"/> Support | and | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose <i>closing Monona Golf Course</i> | | <input checked="" type="checkbox"/> Do not wish to speak |
| <input checked="" type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself? Yes No
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REGISTRATION STATEMENT - PAGE 2

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CITY OF MADISON
GOLF SUBCOMMITTEE

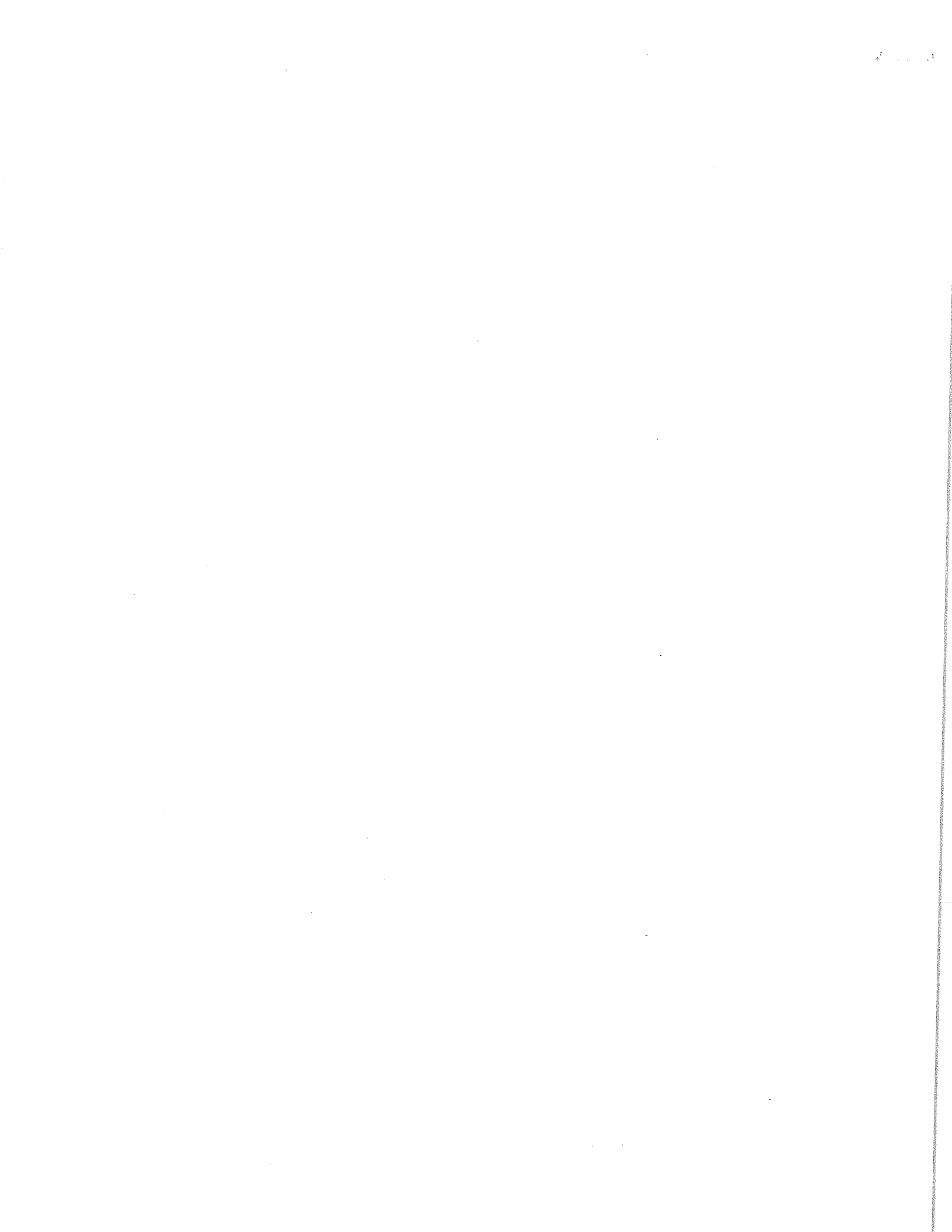
Date: 8-8-17

Name: Judith A. Lower

Address: 4209 Claire St.
Madison WI 53716

Written Statement:

I am not a golfer, but am concerned about losing this resource which is convenient to my home. I am also concerned about the Dean House where I regularly attend summer concerts. If part of the golf course were sold and a portion made into a city park, would that park include the Dean House? What resources would be available at the "park"? Would there be athletic areas in the park? If Yahara Golf Course needs updating, why not sell part of that 36 hole course? There still could be 18 holes left there. Why close a course that is close to residential areas and convenient and is not the main financial problem?



Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Rick Reddell
Address 312 Lancelot
MADISON WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Are you being paid for your representation? Yes No

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

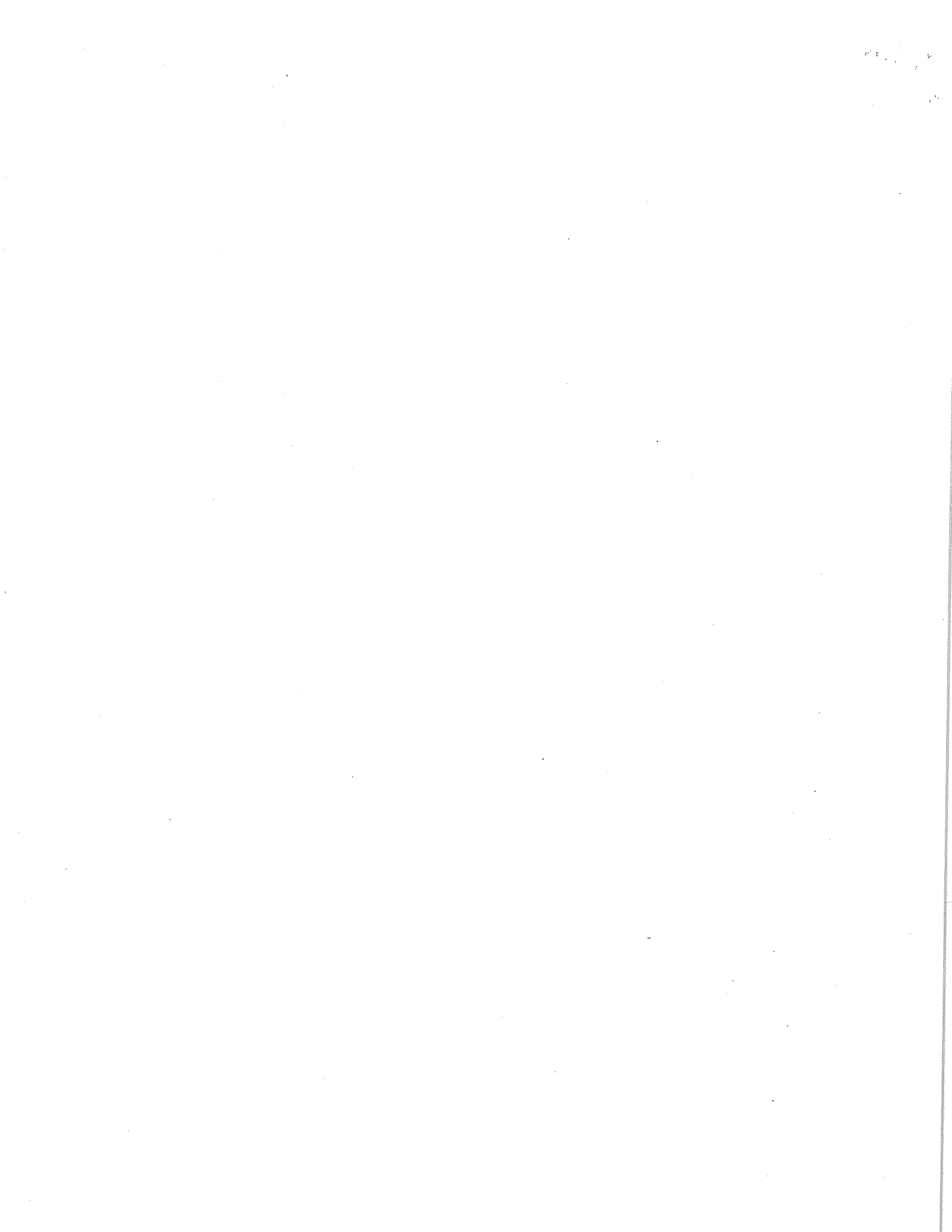
Date: 8/

Name: Rich Reddell

Address: 312 Canyon
MADISON WI 53706

Written Statement:

I oppose closing the Monona Golf Course. I live in the Lakewood ~~Bay~~ neighborhood and feel Monona is the local gem & greenspace for our neighborhood.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Bill Neitzel
Address 1405 Duane Rd
Madison 53716

Please check the appropriate boxes:

- Support
- Oppose Selling Monona
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 5

Name Patrick Soukup
Address 3717 Daves St.
Madison, WI 53714

Please check the appropriate boxes:

- Support
- Oppose *-selling Monona*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: August 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name Jim Carro
Address 4025 Anchor Dr
Madison, WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

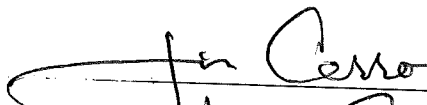
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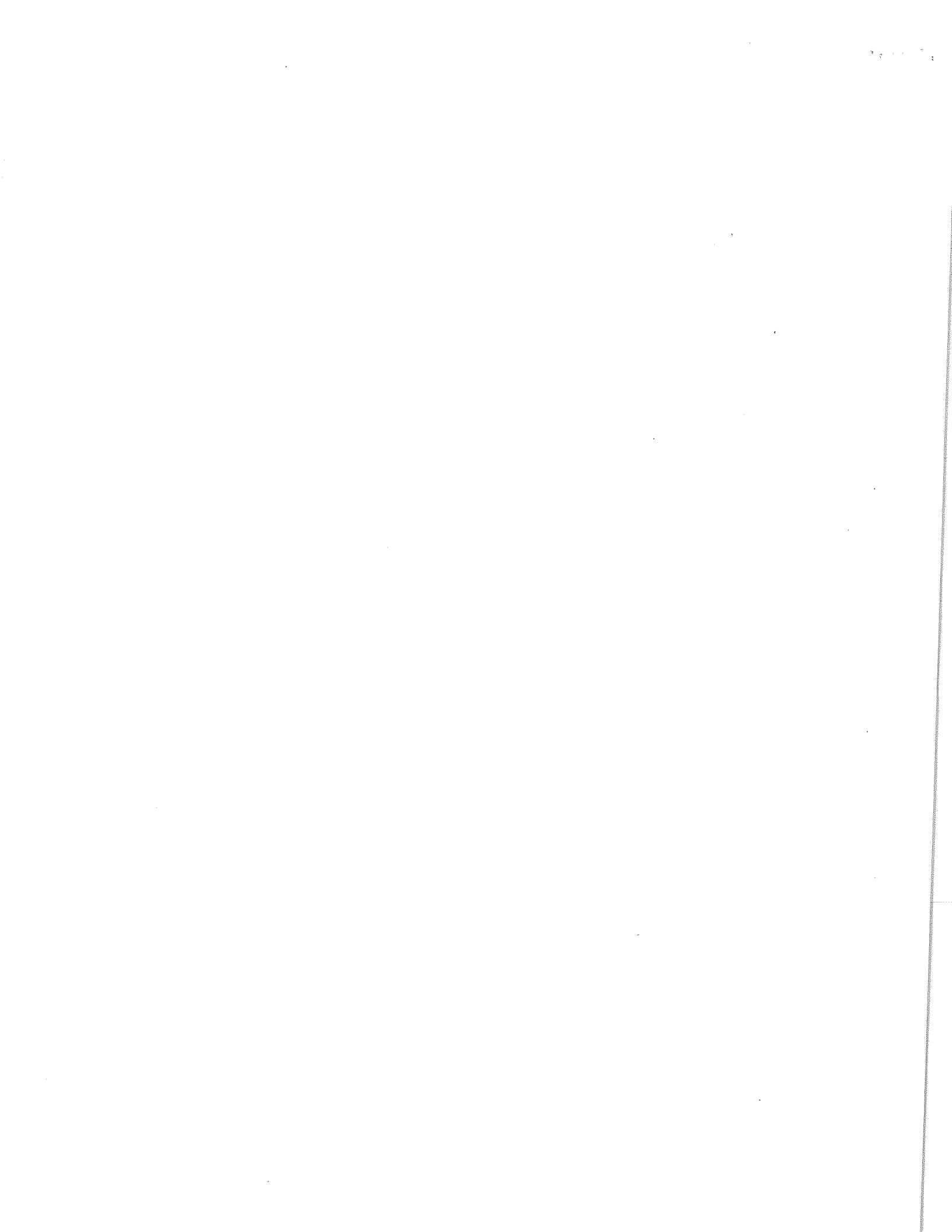
Date August 8, 2017

Signature



Print Name

Jim Cerro



Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Nancy Prusaitis
Address 714 Bergen St.
Madison, WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8-8-17

Signature

Nancy Presatis

Print Name

Nancy Presatis

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: Nancy Prusaitis

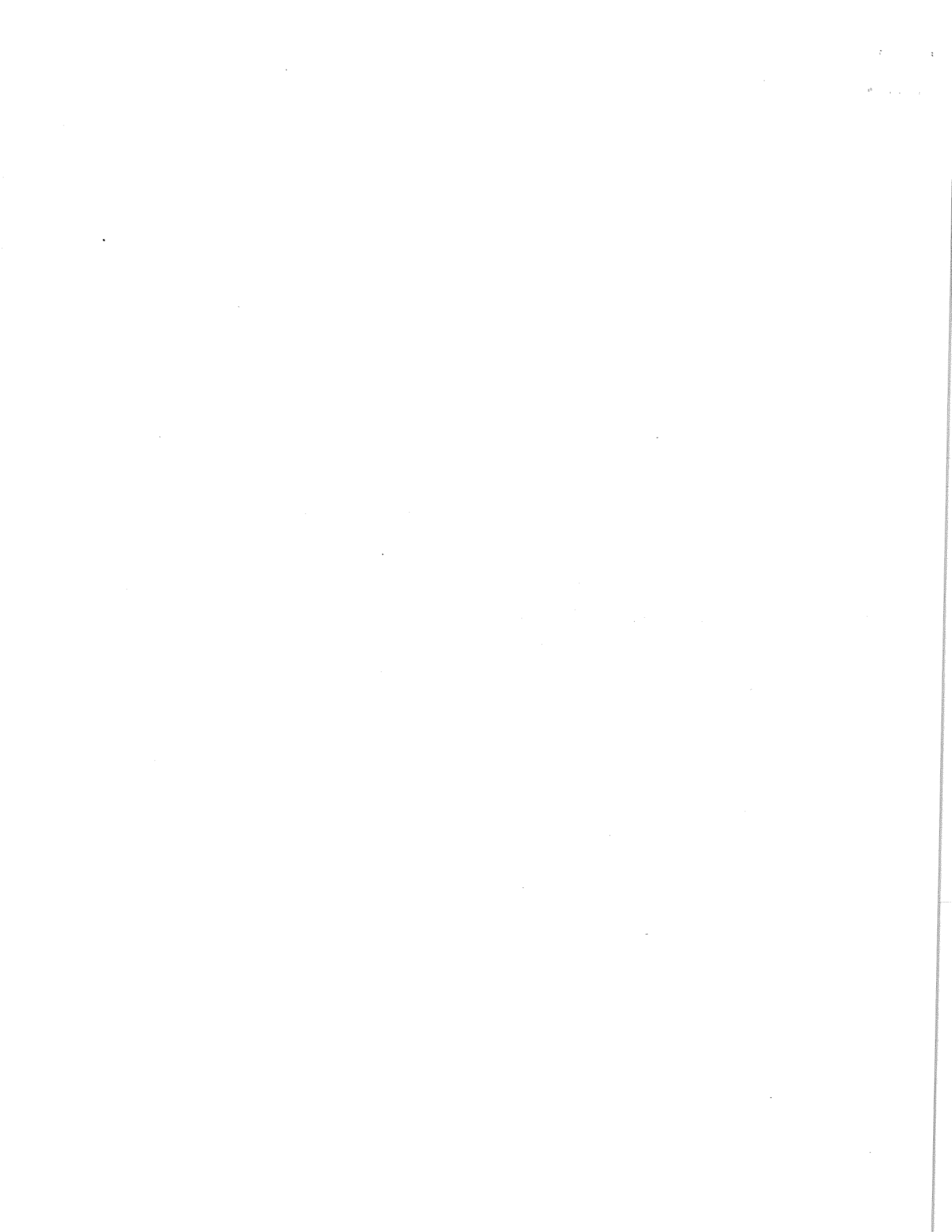
Address: 714 Bergen St.

Madison, WI 53714

Written Statement:

I feel the Monona Golf Course is an integral part of the city. I love using it to golf and in the winter for cross-country skiing.

I would rather see part of Yahara Golf Course sold off than to lose Monona Golf Course.



Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name PAUL MATTEONI
Address 1710 YAHARA
MADISON

Please check the appropriate boxes:

- Support
- Oppose *SELLING THE MONONA PARK*
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/17

Name: PAUL MATTEOMI

Address: 1710 YAHARA

MADISON

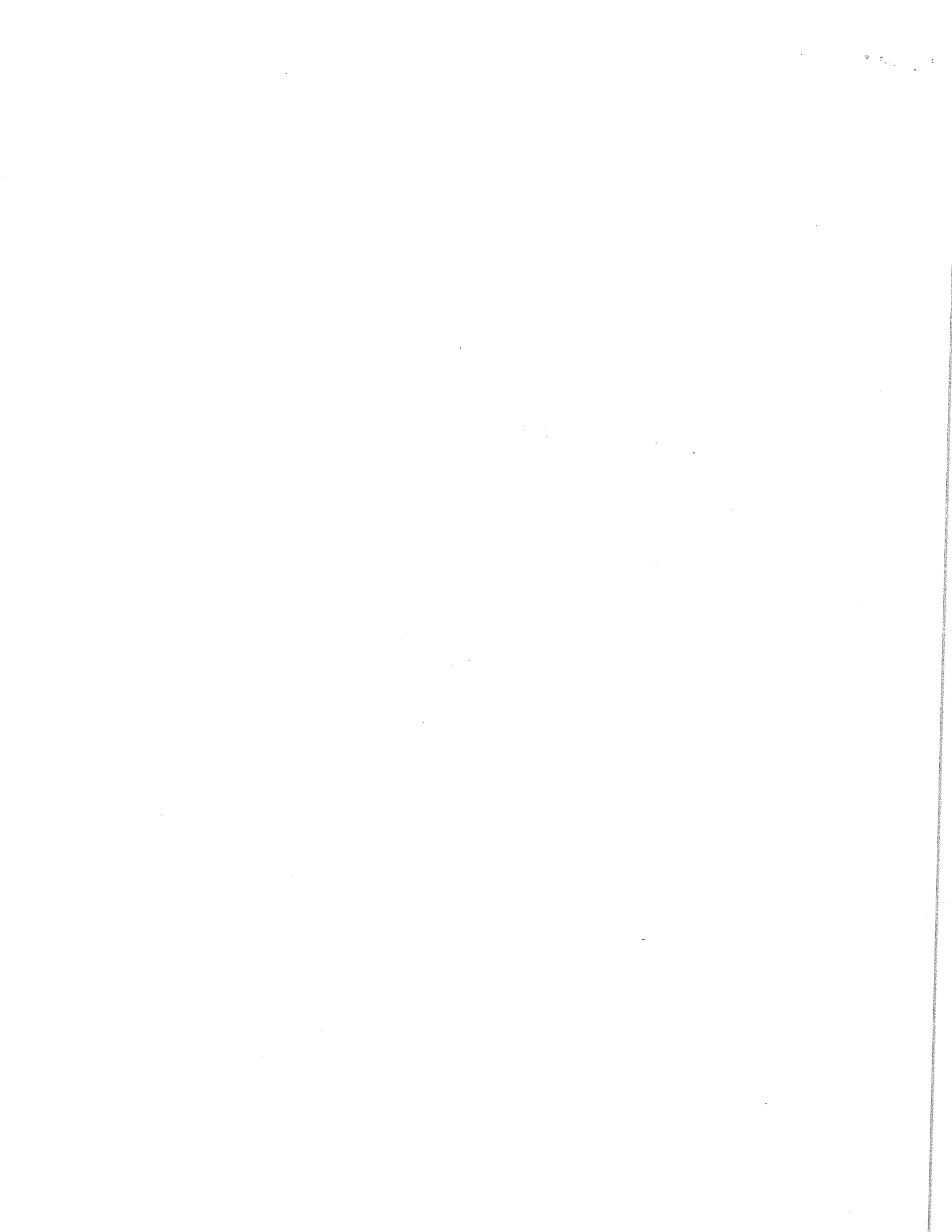
608-729-5953

Written Statement:

IT WOULD BE REAL SHAME TO SELL PARTS OF
MONONA GOLF COURSE — OR YAHARA

THIS MEETING SHOULD HAVE BEEN HELD IN THE
WINTER, WHEN THE CROSS COUNTRY SKI COMMUNITY
COULD ORGANIZE & COMMENT

XC SKIING IN ~~MADISON~~ ON THE EAST SIDE
IS ALREADY LIMITED. DOOR CREEK WAS SUPPOSED
TO BE THE KEY VENUE OF EAST SIDE SKIING —
YET IT'S ~~BE~~ NOT A PRIORITY FOR GROOMING.



Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Peg Carlson
Address 177 Ohio Ave

Please check the appropriate boxes:

- Support
- Oppose selling Monona
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/9/17

Signature 
Print Name Margaret Calsa

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-9-17

Name: Peg Callan

Address: 177 Ohio Ave

Written Statement:

① Commend City Golf staff for efforts/innovations in past few years. Golfing experience has been enhanced since City took over the golf operations

② Monona serves a unique clientele that may not be served, even if Yohara is ignored

③ Most importantly, consider partnerships with your golfers during this fiscal "crisis". E.g., fundraising focusing on capital improvements is used by some mini courses, E.g., purpose-specific Golf outings, where proceeds flow directly & exclusively into capital improvement fund. Impose capital improvement surcharge onto each round/green fees; Explore public/private partnerships similar to those used in other aspects of the park system - E.g. the pool.

Date: 8/8/2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 48254

PLEASE PRINT CLEARLY

Name DEBORAH TINKER

Address 728 WEALD BRIDGE RD

COTTAGE BROVE, WI 53527

MONONA GOLF CUSTOMER

PREVIOUS LONG-TERM MADISON

TAX PAYER

Please check the appropriate boxes:

- Support
- Oppose Closing Monona Golf
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing..... 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/2017

Signature Deborah D Tinker

Print Name DEBORAH TINKER

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/2017

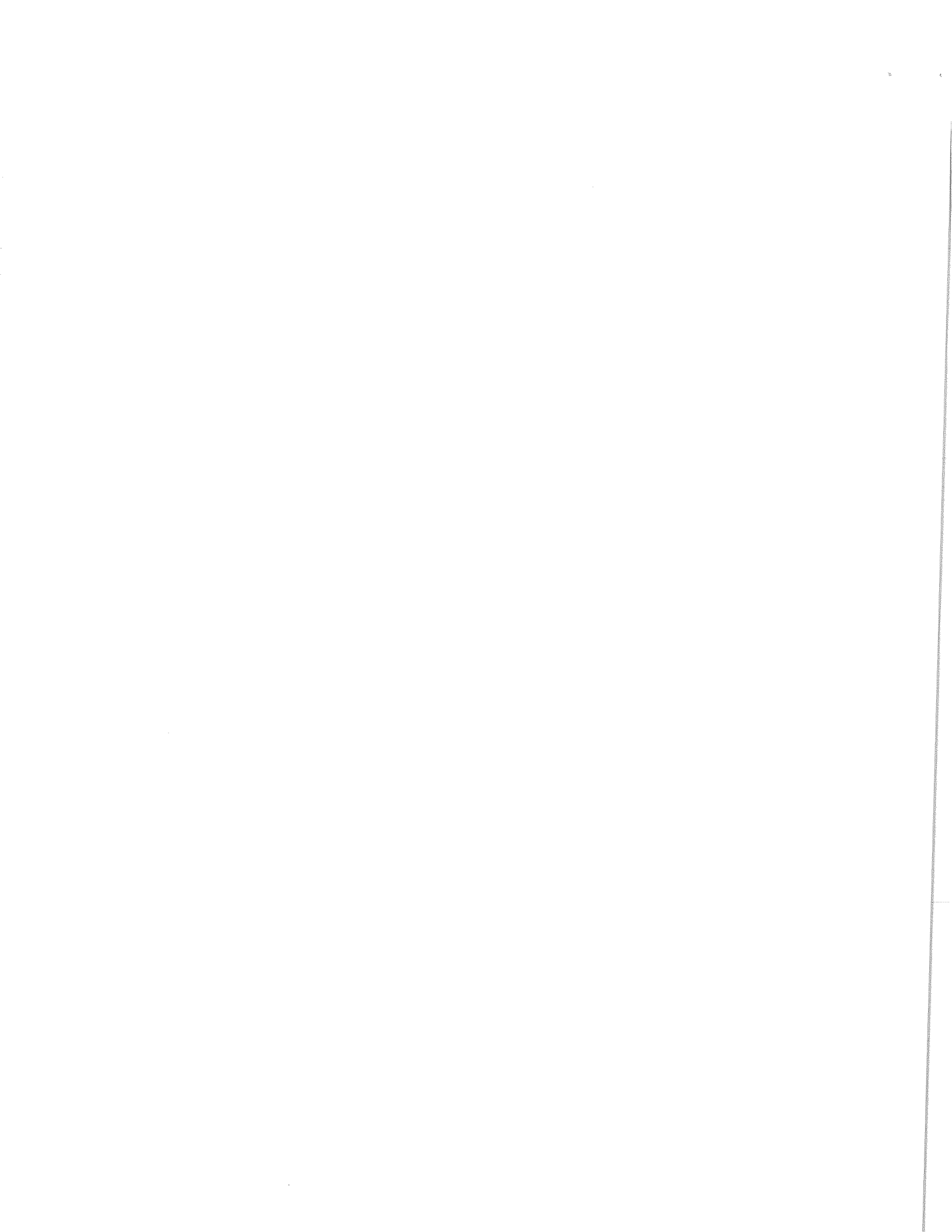
Name: Deborah Trinker

Address: 728 Weald Bridge Rd
Cottage Grove, WI

Written Statement:

Having played many Madison &
surrounding area courses. No course
provides the personalized service
and course level of difficulty quite
like Monona. Not too much and not
too little.

Was also a winter cross-country
ski course.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Steve Tinker
Address 728 Weald Bridge
Cottage Grove, WI
Monarch Golf Course Customer.

Please check the appropriate boxes:

- Support
 - Oppose Closing Monarch Golf Course
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council) minutes
Information Hearing..... minutes
Other Items minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature

Steven Tinker

Print Name

Steven Tinker

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/17

Name: Steve Tinker

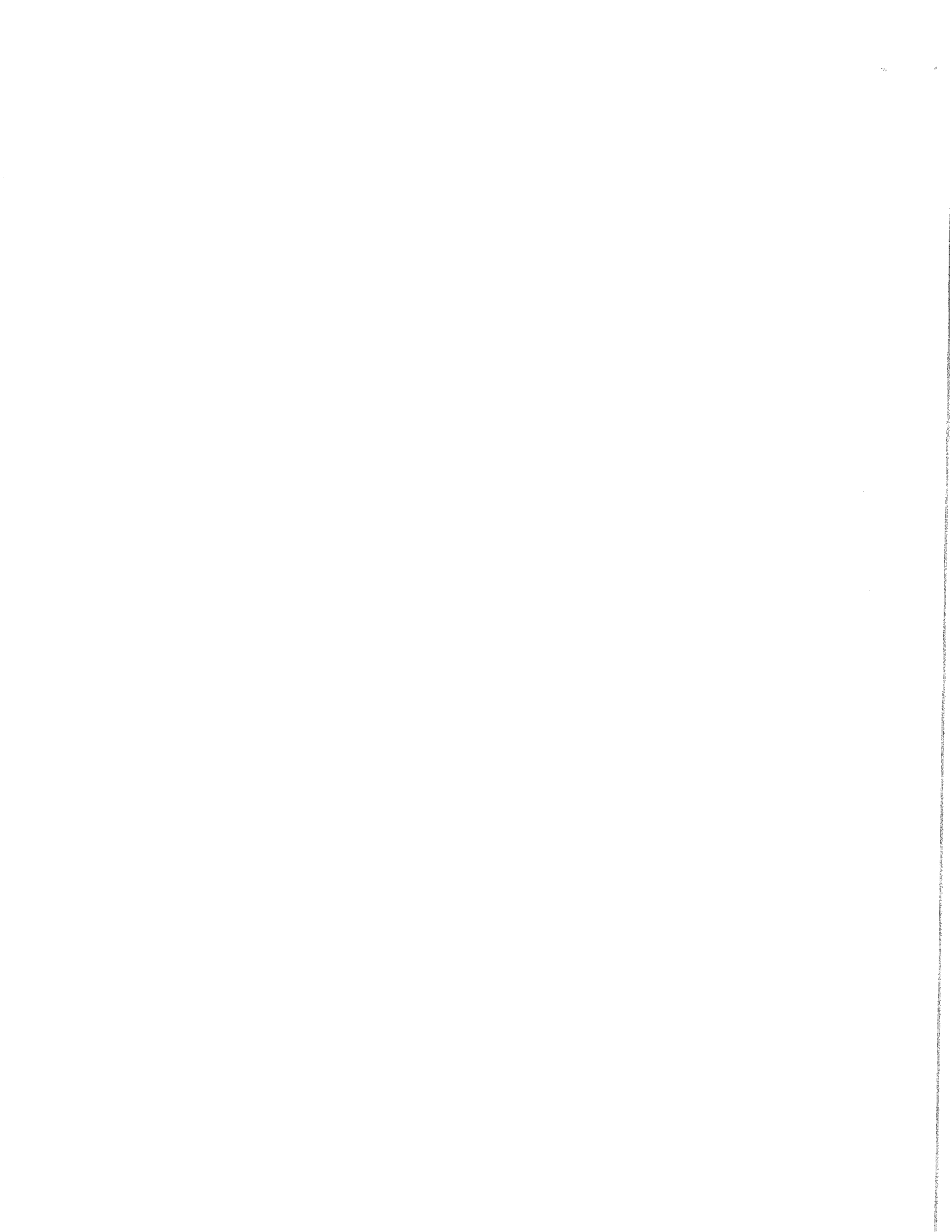
Address: 78 World Bridge

Cottage Grove

Madison Golf Course Customer

Written Statement:

My wife and I oppose the closing of the Madison
golf course. The financial needs of the parks
department can be met in the other ways
described in the report.



Date: _____

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name William Doll
Address 5700 Catherine St
McFarland WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose
- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information hearing 3 minutes
Other Items 5 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: William Dell

Address: 5700 Belmont St

Written Statement:

This course has prospered for 50+ years. It provides a refuge for young old and sometimes less talented golfers. It supports itself and should be allowed to continue operation. I have golfed here for over 50 years and intend to support this course for as long as it exists.

Date: 08-08-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>3</u>

Name Mattilyn Trudell
 Address 321 Seth Circle
Madison

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing..... 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No


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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 08-08-17

Signature 
Print Name Kathryn Tridell

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 08-08-17

Name: Kathy Todd

Address: 321 Seth Circle
Madison.

Written Statement:

I am opposed to any development of the
Manana Golf Course. This course is a valuable
asset to the Lakeview neighborhood. It provides
summer & winter recreation & habitat for wildlife.
If Yankasa Hills needs money, the city should
consider other more creative options than selling
the course. Developing green space is a
short-sighted solution to this problem. ^{Once} Green
space is developed it is gone forever.

Date: 08-08-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 3

Name Lorne Hillier
Address 321 Seth Circle
Madison, WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 08-08-2017

Signature



Print Name

Lorne T. Hiltre

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 08-08-2017

Name: Lorne Hillier

Address: 321 Seth Circle
Madison, WI.

Written Statement:

I would prefer that we not lose a very nice golf course within an urban area; but I am adamantly opposed to selling greenspace that is part of the City's park system for development not related to park activities.

To even consider this puts us in the same league as cities such as Detroit, where waste management has left that city with few options.



Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Dan & Barb Minor
Address 811 Dellwood Circle
Monona

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak**
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits:

- Public Hearing (Common Council) 5 minutes
- Information Hearing 3 minutes
- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appointed or hired on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature

Print Name

Monona Golf Course

Reasons for not closing MGC are:

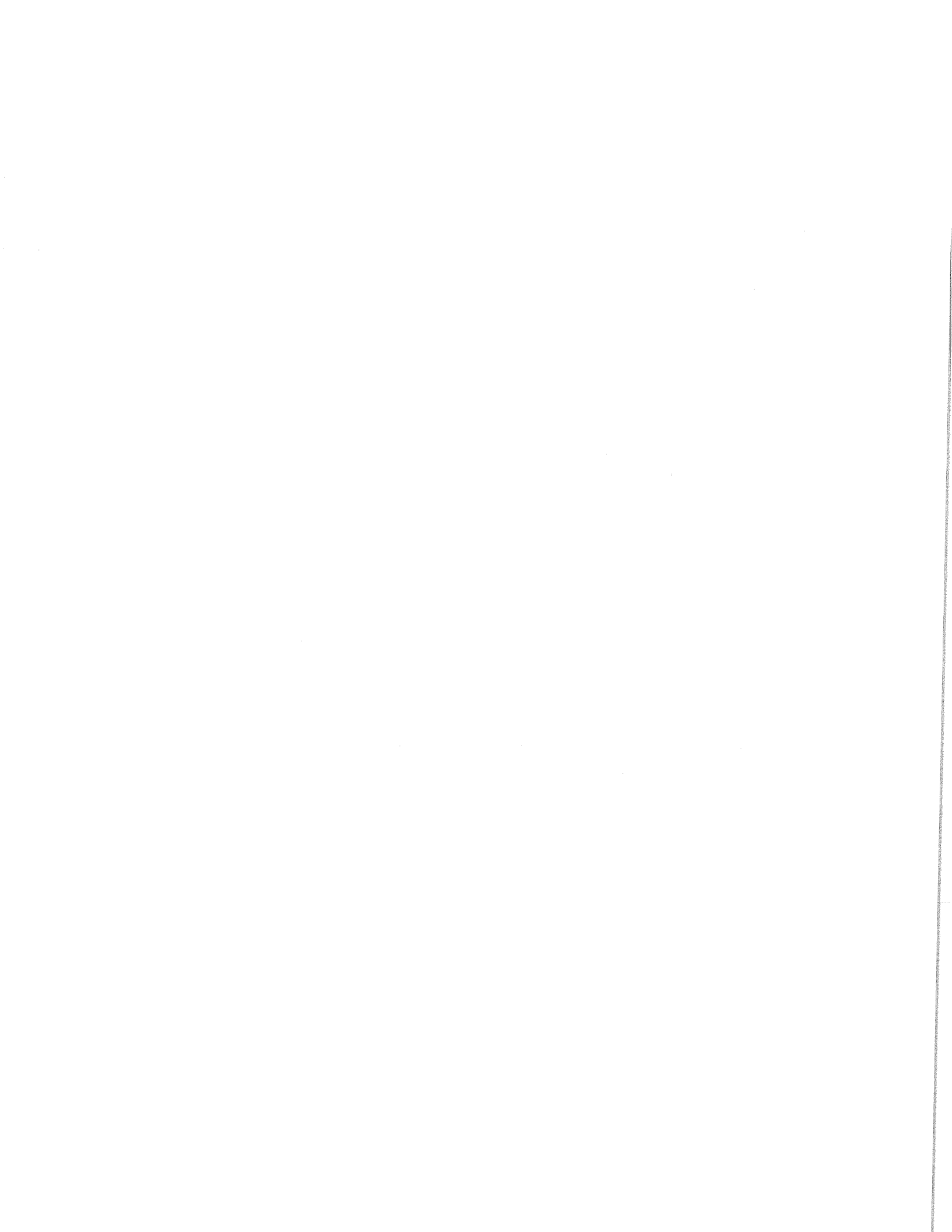
- Beautiful, well maintained, challenging course with perfect yardage course for women, elderly and junior golfers.

If closing, do not develop because:

- It is a beautiful greenspace and home to area animal wildlife.
- There are two huge high schools on each end of the course with a lot of student drivers. There are also many elderly residents of Monona. We don't need to add to the congestion of Monona Drive.
- There is already a huge housing/commercial development in the works for the Yahara Commons area of Monona which is 7 miles away from Monona Golf Course. It makes sense to develop this area because it is run down.
- Many people enjoy cross country skiing in the course during the winter.

Proposal

- It seems to make more sense to close part of Yahara because it is a swampy deteriorating course and is the biggest contributor to losses. Why not close all or part of Yahara and invest some money into a new Monona Club House and open it for events such as reunions, receptions, graduations or other events.



Date: 8-8-2017

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Richard Yaffri
Address 4709 Steinhauer Trl
Madison WI 53716

Please check the appropriate boxes:

- Support
- Oppose** *closing Monona Golf*
- Neither Support Nor Oppose**

- and
- Wish to speak**
 - Do not wish to speak**
 - Available to answer questions**

At this meeting are you representing an organization or a person other than yourself? Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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Date 8-8-2017

Signature

Richard A. Yttri

Print Name

Richard Yttri

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-2017

Name: Richard Yttri

Address: 4709 Steinhauser Tr
Madison WI 53716

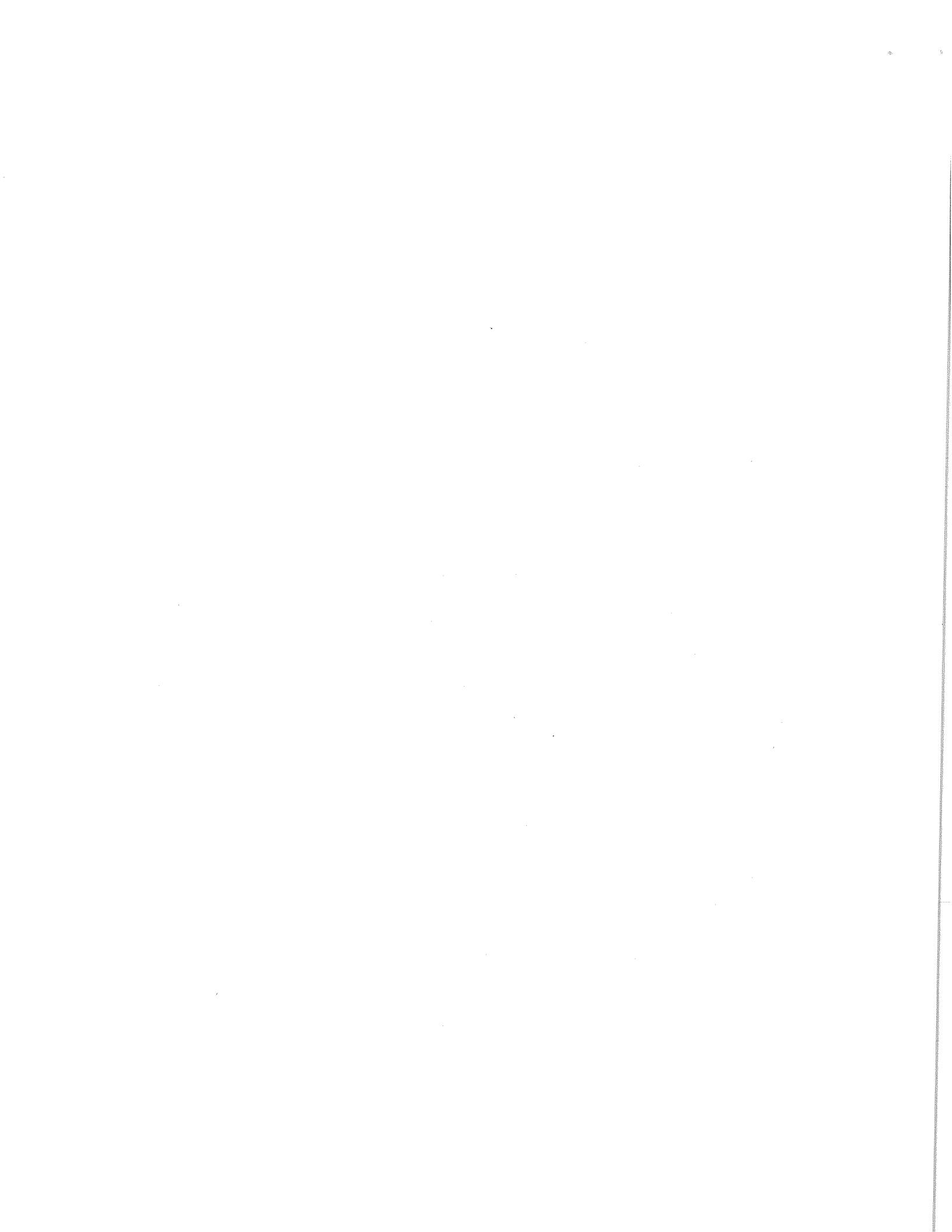
Written Statement:

If Monona Golf course is close I do not think you will get 50% of those golfers to go to another city course. ~~As~~ You would not lose me to Door Creek or Bridges ~~that~~ because of disabilities in my health. Yohara is a problem for me because it is 200 feet from nearest handicapped parking.

I suggest you close nine holes at Yohara. Your dreaming if you think about getting outings there.

If you build it they will come.
If you don't take care of it they will leave (and quickly).





Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name DERRELL STRUCK
Address 4310 SHORE ACRES RD.
MOMENA WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

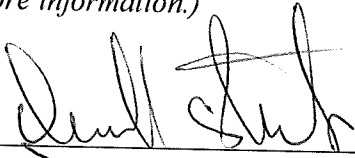
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Date 8/8/17

Signature 
Print Name DERRELL STRUCK

CITY OF MADISON
GOLF SUBCOMMITTEE

Date:

8/8/17

Name:

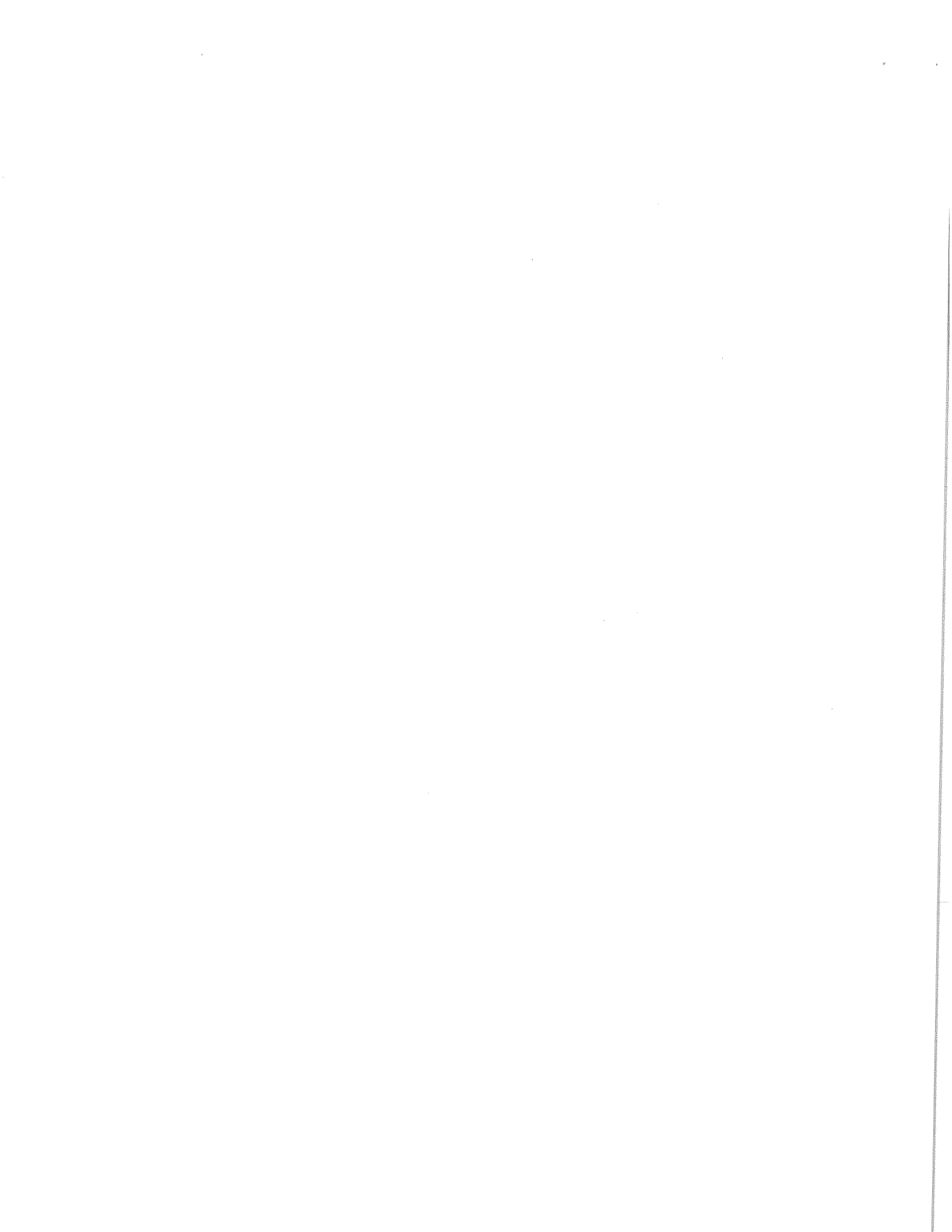
DERRELL STURUC

Address:

4310 SHORE ACRES DR.
MEMONA WI 53716

Written Statement:

- 1) CUT YOUR LOSSES AT YAHARA SELL TO
GOLF INDUSTRY. LUXURY HOMES &
KOHLER STUR COURSE
- 2) GOVT. AGENCIES HAVE YET TO DEMONSTRATE
THE ENGINEERING SKILLS TO PREVENT
FLOODING IN DOWNTOWN & WEST
SIDE AS A RESULT OF EXPANSION
- 3) NOT ONLY IS IT A "GREEN SPACE"
THAT MADISON TOUTS, IT MANAGES
WATER/RAIN. A DEVELOPMENT WILL
BE ADDITIONAL RUN-OFF FOR MEMONA
& THE LAKE
- 4) CITY COURSES ARE IN A CITY!
AGAIN GREEN - MINIMIZE
DRAWING & CURRENTLY NEIGHBORS
CAN WALK THERE
- 5) IT HAS VALUE IN WINTER, BEAUTY
SKIING, ETC.



Date: Aug 8, 2017

CITY OF MADISON

Registration Statement - GOLF SUPERVISOR COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name: Diane MacDonald
Address: 4229 Portland Pkwy
Madison, WI 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
(If you answered "no," **STOP**; you need not complete the remainder of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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(If you answered "no," **STOP**; you need not complete the remainder of this form. If you answered "yes," go on to the next question.)

Speaking Limits:	Public Hearing (Common Council).....	5 minutes
	Information Hearing.....	4 minutes
	Other Items.....	3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date Aug 8, 2017

Signature

Diane J. MacDonald

Print Name

Diane J. MacDonald

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Nancy Voss
Address 25 Rustic Woods Ct.
Madison, WI 53718

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8-8-17

Signature

Nancy Voss

Print Name

Nancy Voss

Date: 8/8/2017

CITY OF MADISON

Registration Statement - GOLF CLUB COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name: Pam DeVore
Address: 226 E Dean Ave
Madison, WI 53716

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak**
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits:

Public Hearing (Common Council).....	5 minutes
Informational Hearing.....	3 minutes
Other Items.....	3 minutes

(C E D / K)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name LESLIE GRIFFITH
Address 165 PARKWAY DR
MONONA, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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Speaking Limits:

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- Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature

Print Name

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: L. McEFFERT

Address: 105 PARKWAY DR

Written Statement:

IF YOU SELL IT YOU WILL NEVER GET
BACK AN URBAN GOLF COURSE THAT BENEFITS
YOUTH PROGRAMS & SENIOR GOLF GROUP, THE
ADVANTAGE OF CLOSE PROXIMITY TO COMMUNITIES
IS ESSENTIAL

Date: 8-8-17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. _____

PLEASE PRINT CLEARLY

Name JOHN CRUIFFIN
Address 105 PARKWAY DR

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8-8-17

Name: J. D. GRIFITH

Address: 105 PARKWAY DR

Written Statement:

THE COURSES WERE PROFITABLE w/ FEES
BUT NOW YOU THINK SELLING OFF URBAN
GREEN SPACE FOR HOUSING IS SMART, ONCE
YOU SELL IT YOU CAN NOT RECOVER THE
PARK LAND AT ANY PRICE. THIS FORCES
YOUTH & SENIOR GOLF PROGRAMS TO GO ELSE
WHERE. LOSS OF REVENUE IS DUE TO MISS
MANAGEMENT NOT LACK OF PLAY

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Deborah J Walker
Address 122 Charleen Lane
Madison W. 53714

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 8/8/17

Signature Deborah Walker
Print Name Deborah J Walker

Date: 8/7/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name RON ROGERS
Address 101 FROSTWOOD RD #223

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature

Print Name

Date: 8/8/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. _____

Name Susan Fox
Address 4637 Tonyawatha Tr
Monona WI 53716

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofgolf.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON
GOLF SUBCOMMITTEE

Date: 8/8/17

Name: Swan Fox

Address: 4637 Tonyawatha Tr
Monona WI 53716

Written Statement:

The Monona Golf Course provides a unique course for many age levels who prefer a 9-hole course. The greenspace is a much appreciated feature as well, on Monona Dr. While not a golfer myself, golfers I know who play all the courses have little good to say about Yabara Hills. I can't imagine why you would sell a popular course in ~~favor~~ favor of dumping millions of dollars into a failing course. I have also heard that bringing back golf pros and regaining liquor licenses may increase popularity. It would seem that Yabara Hills would be suitable for development in lieu of Monona. Private/public partnerships could be explored for Yabara Hills -

Date: 8/7/17

CITY OF MADISON

Registration Statement - GOLF SUBCOMMITTEE

Please Print

Agenda No. 48854

PLEASE PRINT CLEARLY

Name Robert A. Bean
Address 404 Tompkins Drive
Madison WI 53716-3959
608-274-5753

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

see last page for comment

Name, address and telephone number of each person or organization you are representing:

- Are you being paid for your representation? Yes No
- Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hearing..... 3 minutes
Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

Yes No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

To CITY OF MADISON
GOLF SUBCOMMITTEE

Date: August 7, 2017

Name: Robert A. Bean

Address: 1104 Tompkins Tr.

Madison WI 53716-3259

608-221-5783

Written Statement:

In view of our recent rainy season I think it is reasonable to provide extra funds to the Yahara Golf course to upgrade & repair the needs so that course can offer beginners and a "short course" for those who do not take the game as seriously as some do. We tax payers realize that property tax supports a wonderful park system, but when the inflexible requirement of each golf course must finance all its costs to operate that does not provide for conditions that might be worth the short term additional funds.

Bite the bullet and tell us property tax payers that this exception should be done!!!

Robert A. Bean

