

Parks Event Staff recommends approval of C.A.M.P. Madison at Elver Park July 16 – 17, 2011 provided the organizers agree to comply with the following conditions:

1. Aldermanic notification is required by the sponsor. Edgewood College Sustainability Leadership Program must contact Alder Lisa Subeck at district1@cityofmadison.com or 608-358-7090.
2. Due to safety and logistic considerations, Parks staff recommends that the camp site for this event be relocated close to one of the shelters in Elver Park. At least two weeks prior to the event, a final site map with the alternate camping location is required.
3. Sponsor will schedule a site visit with the acting West Parks Maintenance Supervisor, 266-4728 and agrees to comply with any and all site recommendations made by Parks Staff.
4. Sponsor will provide a certificate of insurance listing the City of Madison as additional insured for this event.
5. Event sponsor will obtain a Burn Permit for camp fires.
6. The Superintendent of the Parks Division authorizes participants in C.A.M.P Madison to stay overnight in Elver Park. (MGO 8.21)
7. No glass containers are allowed in the parks.
8. Sponsor understands that no parking on the grass is allowed by staff, participants, or vendors
9. Sponsor is responsible for the ordering, placement, removal, and payment for all portable toilets needed for this event.
10. Sponsor will provide Parks Staff with a plan for the collection and disposal or recycling of trash at this event. (on file)
11. All applications, permits, deposits, fees, are to be paid and on file in the Park Office at least two weeks prior to the event.
12. Sponsor is responsible for full clean-up of the park after the event.

Estimated Fees:

Application Review Fee	\$150.00
Elver Park reservation fee	<u>\$125.00</u>
TOTAL	\$275.00
Key Deposit	\$ 75.00 (refundable)

Other fees that may apply:

Temporary Structure \$200/structure (for tents 10'X10' or larger)

PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION

Name of Event C.A.M.P. Madison

Event Organizer/Sponsor Edgewood College Sustainability Leadership Program

Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No

If Yes, provide State of Wisconsin Tax Exempt Number _____

Address 1000 Edgewood College Dr.

City/State/Zip Madison, WI 53711

Primary Contact Brian Condon

FAX _____

Work Phone 414-690-1715

Phone During Event 414-690-1715

E-mail brcondo3@yahoo.com

Website www.edgewood.edu

Secondary Contact Tom Klein

Work Phone 608-772-4463

Phone During Event 608-772-4463

E-mail tklein@edgewood.edu

Annual Event? Yes No

Charitable Event? Yes No

If Yes, name of charity to receive donations: _____

Estimated Attendance 50 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification: Hours _____ to _____ Yes No

Park Requested Elver Park

Shelter Reserved by Event Organizer Yes No

only if available, we can do without shelter.

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) _____

Rain Date(s) 7/23-24

Event Start Date(s)/Time(s) 7/16/2011

Set-Up Date(s)/Time for Event 8:00AM

Event End Date(s)/Time(s) 7/17/2011

Take-Down Time 11:00AM

Does this require time in the park the day before your event? Yes No

APPLICATION SIGNATURE

The person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Madison, in addition to all rules and regulations governing the City's Parks Division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park Events Application packet. The applicant has included all of the appropriate permit applications and materials for this event.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of deposit, revocation of permit and/or failure to secure future permits.

Signature Brian Condon

Date 5/19/11