



Post Office Box 1610
Robertsdale, Alabama 36567
251.947.2111
www.FriendsofWCMC.org

"The fruit of the righteous is a tree of life, and the one who is wise saves lives."
Proverbs 11:30

November 17, 2015

City of Foley
P.O. Box 1750
Foley, Al 36536

Dear City Council,

Women's Care Medical Center is a 501c3 organization and has been providing early pre-natal care to women in unplanned pregnancies since 1990. We are also partners in education with the Baldwin County Board of Education and provide abstinence education programs. We are located in Robertsdale and serve the entire county. Last year alone we served over 2600 clients from all across our county and taught over 4675 students. All our services are free of charge.

I am requesting your permission to use the John B. Foley Park for our annual Walk for Life to be held on March 12, 2016. The event is held from 8:00 a.m. till 10:00 a.m. and we are expecting around 75 people. The walkers generally do not come all at once but come at various times thru out the event.

We do not receive any government funding and rely heavily on our Walk fundraiser to be able to continue to serve women and children and provide abstinence education in our school systems. Thank you in advance for your consideration to waive any fee that may be required to use the John B. Foley Park.

We are thankful for your past gracious welcome in Foley and remain grateful for our partnership in helping women in unplanned pregnancy. Thank you for your kind consideration in using your park.

Sincerest Regards,


Sue Leavins
Executive Director

CITY OF FOLEY, ALABAMA

APPLICATION FOR PERMISSION
TO USE ~~RENT~~ CITY PAVILION

Applications Must Be Received at Least Two (2) Weeks Prior to the Event.

NAME: Womans Care Medical Center,
ADDRESS: PO Box 1160 15555 Carolina St. Robertsburg, Al 35059

PHONE NO.: 851-941-0111 FAX NO.: 851-941-2131

TYPE OF EVENT: Mark & Tami

DESCRIPTION OF ALL ACTIVITIES/FACILITIES INVOLVED (include whether food or beverages will be served, tents erected, music, power requirements, etc.):
We will bring two lots tables, 11 chairs and a table with a

No music or power needed

DATE OF EVENT: March 12, 2001

TIME OF EVENT: FROM 9:00 am TO 10:00 am
(including set up and clean up)

MAXIMUM NUMBER OF PERSONS: 80

I have read and I understand the Rules on the reverse side which govern my application and use of the Pavilion and Park, and I hereby agree and consent to the same.

SIGNATURE OF APPLICANT: 

DATE: 11/19/01

NON-REFUNDABLE USAGE FEE DUE WITH APPLICATION:

\$225.00 minimum for first three (3) hours and \$75 per hour for each additional hour. Please see attached letter for usage fee schedule

Non-Refundable Usage Fee Schedule

FOR CITY USE ONLY

Date Application and Fee Received: _____

Application is: Approved / Denied (circle one)

If Approved, Special Conditions (if any): _____

If Denied, Date Fee Returned to Applicant: _____

(Signature)