

Entry (ID 249536)

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Applicant Information

Event Coordinator Name

Adam Vander Hyden

Phone

[REDACTED]

Email

[REDACTED]

Phone Number for day of the event

920-419-6585

Organization Information

Sponsoring Organization's Name

Kaukauna Area School District along with the Kaukauna Police Department

Organization Address

1701 CTH CE
Kaukauna, Wisconsin 54130


Are you a 501(3) C Organization?

No

Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)

No

Event Information

Name of event	Breaking Boundaries Triathlon
How long is your event?	My event is one day only
Date of the Event	May 15, 2026
Event start time (include set up time)	9:00 AM
End time (include take down time)	12:00 PM
Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)	200
Describe your event and its purpose	Triathlon for students with disabilities
Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)	Yes
If you have it, please upload a copy of your certificate of insurance here. If you will be getting it from your insurance company in the future, please email to specialevents@kaukauna.gov once you have it. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.	 <p>Proof-of-Insurance_Kaukauna-Area-School-District_2526-GL_3-24-2026_1423311152.pdf</p>
Health Department	
Will food be prepared and/or served at the event?	Yes

Fire Department Information 920.766.6320

Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage? No

Will you use a tent bigger than 400 square-feet? No

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location

Tri-Map.png

If having a park event, did you reserve the park? No

Event Activities

What type of activities will be part of your event (please check all that apply):

Run/Walk

Additional Services & Equipment

I have read the guidelines and policy and agree to the terms within.

Signature

A handwritten signature in black ink, appearing to be 'A. P. He', written in a cursive style.

Comments/Notes

Entry Details

 Submitted: **Mar 25, 2026 at 10:26 am**

 Entry ID: **249536**

 Entry Key: **f7wpq**

User Information

 IP Address: **216.56.162.195**

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