



Today's Date (Date Request Submitted):

Tournament / Special Event REQUEST/APPLICATION

Thank you for your interest in hosting an event with A.A. County Recreation & Parks. We ask that you please complete this facility use request form to begin the reservation process. Please note that all requests must be submitted at least 30 days prior to requested event date and this facility **request does not guarantee space availability**. Once completed, please email or fax to Sue Hamilton at suehamilton@aacounty.org, or 410-222-4120. Once we have reviewed your request we will contact you to confirm or discuss your event. Please allow 2-3 business days for a response.

APPLICANT INFORMATION

Primary Event Contact: _____ **Sponsoring Organization:** _____

Backup Contact: _____ **Backup Phone:** _____

Billing Address: _____
Address City State Zip

Contact Phone: _____ **Cell #:** _____

E-Mail: _____ **OTHER:** _____

EVENT INFORMATION

Event Name: _____ **Event Type:** _____

Event Website/URL: _____

Description of Event: _____

Requested Event Date(s): _____	Event Start Time: _____	Event End Time: _____
2nd Choice Date (if applicable) _____	Event Start Time: _____	Event End Time: _____
3rd Choice Date (if applicable) _____	Event Start Time: _____	Event End Time: _____

Type of Venue requested: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____



Tournament / Special Event REQUEST/APPLICATION-Continued

SPECIAL EVENT INFORMATION - ONLY

Do you plan to have a food concession operation? YES NO *If Yes, attach a copy of Health Department's approval?*

Will money be collected or expended on this event? YES NO *If Yes, complete the Proposed Budget Section below.*

Do you anticipate this event will generate a net profit? YES NO *If Yes, How will the proceeds be distributed? Use back if more space is needed*

Has a vendor(s) been hired to coordinate this activity? YES NO *IF YES, IDENTIFY THE NAME OF THE VENDOR(S)*

What is the fee charged per team / participant? _____ Number of teams/participants expected. _____

Do you need additional equipment for this event? YES NO *If Yes, complete the equipment section of this form*

PROPOSED BUDGET

<u>EXPENSES (Description)</u>	<u>AMOUNT</u>	<u>SOURCES OF REVENUE</u>	<u>AMOUNT</u>
TOTAL	\$ -	TOTAL	\$ -

I am authorized to complete this form on behalf of our organization. I understand that knowingly signing a false statement may adversely impact our organization's use of public facilities. _____
APPLICANTS SIGNATURE / DATE

PLEASE COMPLETE THE LAST SECTION OF THIS DOCUMENT - ADMINIATRATIVE ITEMS



Tournament / Special Event REQUEST/APPLICATION-Continued

TOURNAMENT INFORMATION

Number Registered Teams/Participants: _____
Number Guest/Attendees (Approximate): _____
Number of Parking spaces Needed (Approx): _____

Have you visited the potential site to ensure it is adequate for your needs?
 NO Yes

Gate Charge: NO Yes If Yes, what is the fee _____

Concessions: NO YES If Yes, are the concessions licensed? _____

Vendors: NO YES If Yes please list vendors/type? _____

Will you need use of a scoreboard: NO YES **NOTE:** If use is requested and BOE approved, there may be additional fees for this service due to staffing requirements.

Portable Restrooms: NO YES Name of your vendor _____

Portable Restrooms may be required based on the # of attendees and the Venue. Not all facilities have permanent restroom facilities. **NOTE:** We do not generally provide portable restrooms. **If requested there may be extra fees.**

Will you be providing: EMT/Trainers ADA Access Security Other: _____

Will you be providing volunteers to help with: Crowd Control Parking Trash Field Set Up
 Other _____

NOTE: If Recreation & Parks provides all volunteers there may be additional fees for staffing requirements.

EVENT EQUIPMENT/DETAILS

Equipment Needed: Recreation & Parks has limited resources for equipment. We do not and cannot provide all equipment listed but may be able to provide vendor information if necessary.

- | | | | | |
|---|--|---|--|--------------------------------|
| <input type="checkbox"/> Soccer Goals | <input type="checkbox"/> Goal Post Pads | <input type="checkbox"/> Starters | <input type="checkbox"/> Batons | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Lacrosse Goals | <input type="checkbox"/> Hurdles | <input type="checkbox"/> Vaulting Equipment | <input type="checkbox"/> Discus/Shot Put Equipment | _____ |
| <input type="checkbox"/> Field Hockey Goals | <input type="checkbox"/> Timers | <input type="checkbox"/> Throwing Equipment | <input type="checkbox"/> Numbers | _____ |
| <input type="checkbox"/> Corner Flags | <input type="checkbox"/> Starting Blocks | <input type="checkbox"/> High/Long Jump | <input type="checkbox"/> Track Officials | _____ |



Tournament / Special Event REQUEST/APPLICATION-Continued

ADMINISTRATIVE ITEMS:

1. A deposit of 10% of the total fees are due within fifteen (15) business days of approved applications.
2. Remaining fees are due within fifteen (15) business days of the event.
3. If all required fees are not paid on time, Recreation & Parks reserves the right to cancel the permit/ use and any deposit will be forfeited.
4. Reduction in time and number of requested facilities will not be granted within five (5) days of the tournament.
5. In order to receive a cancellation, and/or field reduction refund, a request must be made in writing and received no later than five (5) days before the event.
6. Refunds will ONLY be issued if Recreation & Parks needs to cancel the event due to park/field use issues.
7. A Certificate of Insurance (general liability) for a minimum amount of \$1,000,000 naming Anne Arundel County Recreation & Parks as an Additional Insured will be due no later than 30 days prior to the event.

Once a permit is issued, permit holder must have the permit available onsite during the entirety of the event. Permit holder MUST contact the on site tournament monitor for Recreation & Parks upon arrival to assure all needs can be met and confirm availability of requested equipment, unless previously arranged during a site visit.

INSURANCE REQUIREMENTS

Applicants for a Commercial Filming Special Event Permit are required to submit a "Certificate of Insurance" in the amount of \$500,000 worth of general liability and \$500,000 worth of insurance aggregate coverage that names the Anne Arundel County Recreation & Parks as additional insured for the date of the filming. The Anne Arundel County Recreation & Parks does not sell insurance. However, this type of insurance policy can be acquired from most types of private insurance carriers. **Your permit will not be issued if the insurance certificate has not been received.**

RELEASE AND HOLD HARMLESS

The undersigned hereby makes application to Anne Arundel County Recreation & Parks (AACRP) for the use of a park or public space and certifies that the information given in this application is correct. The undersigned further states the he/she has the authority to make this application for the applicant or organization and agrees that the Applicant has received, reviews, understands, and will observe the Department's policies and procedures. The applicant agrees to exercise the utmost care in the use of the AACRP property; the applicant further agrees to reimburse the Anne Arundel County Recreation & Parks Department for any damage arising from the applicant's use of the property. The applicant hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, including death, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant's operation. Applicant hereby expressly releases Anne Arundel County Recreation & Parks from any claims for damages and/or injuries, including death, and agrees to defend and save the Department harmless from any penalties for violation of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries, including death, directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents and employees.

My signature below acknowledges that I have read and understand the above terms and conditions.

Applicant Signature _____

Title: _____

Date: _____



Tournament / Special Event REQUEST/APPLICATION-Continued

FOR A.A. COUNTY RECREATION & PARKS USE ONLY:

Recreation & Parks Checklist of paperwork needed 30 days prior to tournament:

Certificate of Insurance

Schedule a pre-tournament meeting

Total Rental Charge:

Due: _____

Deposit Amount:

Due: _____

Recreation & Parks Director / or Designee

Signature

Date

Comments/Notes:

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____

Facility/Field: _____ Fee _____