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| **Applicant Information** | | |
| **Name of Tournament:** | | |
| **Date of Tournament:** | | **Location:** |
| **Organization:** | | |
| **Organization’s Website:** | | |
| **Contact’s Name:** | | |
| **Contact’s Address:** | | |
| **City:** | **State:** | **ZIP Code:** |
| **Home Phone #:** | **Work Phone #:** | **Cell Phone #:** |
| **Fax #:** | **Email Address:** | |
| **Tournament Information** | | |
| **Did you receive a Hotel/Motel Tax Grant for this tournament?** YES  NO | | |
| **Type of Tournament:** Soccer  Baseball Other | | |
| **Brief Tournament Description (purpose, target audience, etc.):** | | |
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| **Number of Teams Participating:** **Date of Registration Deadline:** | | |
| **Dates/Times of Tournament (please attach a tournament schedule/bracket):** | | |
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| **Dates/Times of Set-up:** | | |
| *\*****Please note: Tear down must occur immediately following the event. Tents and inflatables may remain in the park for a maximum of 1 day following the event.*** | | |
| **Dates/Times of Rain Event:** | | |
| **Briefly explain your rain plan:** | | |
| **Will you charge teams a participation fee?** YES  NO | | **If yes, how much?** |
| **Will you charge spectators for admission?** YES  NO | | **If yes, how much?** |
| **Expected Attendance:** Spectators       Participants | | |
| **Previous Year’s Attendance:** Spectators       Participants | | |
| **FACILITY / PARK RESERVATIONS** | | |
| **The City of Dublin Parks and Recreation is pleased to offer sport field rental opportunities at Darree Fields, Avery Park and Emerald Fields.**  **Darree Fields is home to 7 baseball/softball diamonds, 1 handicap accessible diamond (Miracle Field), and 13 soccer fields. It also has 4 restrooms and 3 gazeboes.**  **Avery Park is home to 9 baseball/softball diamonds and 15 soccer fields. It also has 3 restrooms and 1 shelter house.**  **Emerald Fields is home to 4 grass fields and 3 baseball/softball diamonds.**  **The field rental rates are found in the Sports Tournament Guidebook. To inquire about a fee waiver, please contact the Sports Supervisor at 614-410-4562.** | | |
| **1. How many fields will you use at the following locations (Note: Miracle Field is located at Darree Fields)**    **Darree Fields** **Avery Park** **Emerald Fields** **Miracle Field** | | |
| **2. Do you have a preference of your field locations (ex. near restrooms, closest to parking lot, etc.)?** | | |
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| **3. Have you ever planned a sports tournament in the City of Dublin before?**  **YES**  **NO** | | |
| **If yes, which tournament did you plan and when?** | | |
| **PARKS AND OPEN SPACE** | | |
| **1. Will you need the baseball/softball diamond lights?**  **YES**  **NO** | | |
| **If yes, please specify the dates/times: (please be aware there is a $25/hr./field fee assessed)** | | |
| **2. All tournaments using the softball/baseball fields will be required to pay a City**  **Services fee at a rate of $100/hr. per park to groom the diamonds and assist with trash pick-up throughout**  **the duration of the tournament. Additional time may be added for preparation of the fields. The Park**  **Staff will also determine the availability of the diamonds during unfavorable weather conditions. Please**  **specify the dates/times you will need the fields groomed/cleaned (per Park):** | | |
| **SECURITY AND FIRST AID** | | |
| **1. Describe your internal security procedures (e.g., are you hiring a private security firm?)** | | |
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| **2. Will you request Dublin Police for tournament security?**  **YES**  **NO** | | |
| **If yes, please list the dates and times needed:** | | |
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| **3. Will you request the services of Dublin Police for traffic control?**  **YES**  **NO** | | |
| **If yes, please list the dates and times needed:** | | |
| **4. Will there be a command post at your event?  YES  NO** | | |
| **If yes, please describe the approximate location and specify on map:** | | |
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| **5. Will you hire the Washington Township Emergency Medical staff to be your onsite first aid provider?  YES  NO** | | |
| **If no, please list the onsite first aid provider:**  **Contact Name:** **Phone:** | | |
| **Please provide the names and cell phone numbers for two on-site representatives to be contacted in the case of an emergency or if concerns need to be addressed:** | | |
| **Name:** | **Title:** | **Cell Phone #:** |
| **Name:** | **Title:** | **Cell Phone #:** |
| **Parking resources** | | |
| **1. Will residential streets be affected by your tournament?**   **YES  NO** | | |
| **2. Please describe your overflow parking plan and specify on map:**  ***\*No parking along any roadways or parking lot islands. Charges may be incurred for any parking on turf areas during wet conditions.*** | | |
| **3. Will you require barricades?  YES  NO** Quantity | | | |
| **If yes, please specify location:** | | | |
| **4. Will you require traffic cones?  YES  NO** Quantity | | | |
| **If yes, please specify location:** | | | |
| **5. Will this event require temporary “No Parking” signs?  YES  NO** Quantity | | | |
| **If yes, please specify location:** | | | |
| **6. Will this event require temporary “Handicap Parking” signs?  YES  NO** Quantity | | | |
| **If yes, please specify location:** | | | |
| **7. Will this event require temporary sandwich boards?  YES  NO** Quantity | | | |
| **If yes, please specify location and size (large or small):** | | | |
| **SANITATION** | | | |
| **1. Describe your trash pick-up plans both during and immediately following the tournament:** | | | |
|  | | | |
| **2. Name of company delivering trash and/or recycling dumpster(s):** | | | |
| **Rental Contact:** **Phone:** **After-hours phone:** | | | |
| **Size of dumpster:** **We require renting a 20 yard dumpster for every 2000 people in attendance.** | | | |
| **FOR RESTROOM REQUIREMENTS, PLEASE REFER TO THE SPORTS TOURNAMENT GUIDEBOOK.** | | | |
| **3. Will you be hiring additional City of Dublin staff to service the permanent restrooms?  YES  NO**    **\*If your attendance will likely exceed 1,000 people at any given time, you will be required to hire 2 staff members, unless previously approved.** | | | |
| **If YES, please specify dates and times staff members are needed:** | | | |
| **4. Number of portable restroom stalls you are renting based on the guidebook requirements:** | | | |
| **Proposed locations of portable restrooms (please also specify on map):** | | | |
| **Rental Contact:** **Phone:** **After-hours phone:** | | | |
| **Notes:** | | | |
| **ELECTRIC** | | | |
| **1. Will you use electricity?  YES  NO** | | | |
| **If yes, describe you electrical usage:** | | | |
| **2. Will you use generators?  YES  NO** | | | |
| **If yes, what size?** | | | |
| **Outdoor extension cords must be 3-prong UL listed extension cords. Proper grounding required by certified electrician. All electrical and temporary structure permits must be obtained from the City of Dublin Building Standards @ (614)410-4600.** | | | |
| **EQUIPMENT** | | | |
| **1. Will you use tents or inflatables?  YES  NO** | | | |
| **Rental company name:** **Contact name:       Phone:** | | | |
| **Please list tent or inflatable size(s) & location(s) & specify on map:** | | | |
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| *Due to underground utilities, the location of all tent and/or inflatables must be approved by the City of Dublin. The tournament is responsible for calling O.U.P.S. to have utilities marked. A permit from the Washington Township Fire Department (614-652-3920) is required for any inflatable or any tent 400 square feet or larger. Proof of insurance is also required for most inflatables.* | | | |
| **2. Will other temporary structures be used (e.g., bleachers, stages, etc.)?  YES  NO** | | | |
| **If yes, please list locations and specify on map:** | | | |
| **Entertainment activities** | | | |
| **1. Will you have music?  YES  NO** | | | |
| **If yes, what type of music/amplification (e.g., DJ, live band, portable system?** | | | |
| **Times of music:** | **Other:** | | |

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| **food, beverage, and merchandise** |
| **1. Will food or beverages be sold at your event?  YES  NO** |
| **If yes, describe:** |
| **2. Will you be utilizing the park concessions building?  YES  NO** |
| **3. Will you be using grills?  YES  NO    If yes, please describe the location(s), number, and types of grill(s):** |
| **4. Do you have the appropriate insurance to sell food or beverages (if required)?**  **YES  NO**  *Each vendor must obtain a food vendor license. If they do not have a license, please contact the County Board of Health to secure one.* |
| **5. Please provide a list of vendors (i.e. food trucks, merchandise sales, etc.) and describe items they are selling. Also,**  **please describe their location(s) within the park.** |

**CITY OF DUBLIN: HOLD HARMLESS/INDEMNITY AGREEMENT**

To the fullest extent by law, the undersigned Organization agrees to indemnify and hold the City of Dublin (City), its respective officers, agents, and employees and volunteers harmless from and against all loss, cost, expense, damage, liability or claims, whether groundless or not, arising out of the bodily injury, sickness, or disease (including death result at any time therefrom) which may be sustained or claimed by any person or persons, or the damage or destruction of any property, including the loss of use thereof, based on any act or omission, negligent or otherwise, of the Organization, or anyone acting in its behalf in connection with or incident to the event scheduled for (date) except that the Organization shall not be responsible to the City on indemnity for damages caused by or resulting from the City’s sole negligence; and the Organization shall, at its own cost and expense, defend any such claim and any suit, action, or proceeding which may be commenced thereunder. And the Organization shall pay any and all judgments that may be recovered in any suit, action or proceeding, and any and all expense, including but not limited to, costs, attorney’s fees and settlement expenses that may be incurred therein.

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Organization Name

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Applicant Signature Date

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| **signatures** |
| **By signing below, I certify that I have read, understand and agree to abide by the policies and procedures of the City of Dublin as they pertain to the event I am organizing.** |
| Tournament Organizer:  Date: |
| Tournament Organizer:  Date: |

**Thank you for completing the City of Dublin Sports Tournament Application. Upon approval, the tournament organizer(s) will be required to attend a planning meeting with the Parks and Recreation staff and a meeting with the City of Dublin Event Committee.**

**Meeting Overview:**

1. **Parks and Recreation meeting** 
   * Review Tournament Application
   * Prepare permit applications and required maps
   * Identify what types of insurance are needed
   * $125.00 application fee received and processed

2) **City of Dublin Event Committee meeting**

* + Typically 45 days prior to tournament
  + Tournament coordinator and **on-site volunteers/staff** must be present and submit the following items if applicable:
* Tent permit
* Electrical permit
* Temporary structure permit
* Certificate of Liability Insurance
* Detailed map of tournament site, including tent locations, vendor sites and logistical needs
* Neighborhood/business notification letter
* Tournament Schedule/Bracket

Completed applications can be faxed to **(614) 410-4590** or mailed to:   
**DCRC, Attn: Sports Supervisor, 5600 Post Rd., Dublin, OH 43017**

We look forward to working with you in making your event even more successful. If you have any questions, please contact the Sports Program Supervisor at (614) 410-4562.