

PARK RESERVATION FORM



Rental Day of Week Tue + Thur. Evenings
 Rental Date 8/20 - 11/21 2024
 Name Chris Macdermant
 Address 1407 Sabal Palm Drive
 Phone Number 386 Side 7449
 Email svemacdermant@aol.com

RESERVATION RULES & INFORMATION

1. City staff may not be at the facility.
2. If the facility is occupied when you arrive and you need assistance, call the Non-emergency Police number (386) 424-2000 and request an officer.
3. Power is not available.
4. Water is available only in restrooms - not water spigots.
5. Water slides are not permitted.
5. Please use removable tape to hang any decorations.
6. Bounce house permitted only with prior approval, proof of insurance and full-time adult supervision.
7. Park Reservations are final - no refunds.

FACILITY (CHECK ONE)	RENTAL FEE	RESERVATION TIME	COST
<input type="checkbox"/> Menard May Park - Large Pavilion & Grill	\$60.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Rotary Park - Small Pavilion #1 North & Grill	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Rotary Park - Small Pavilion #2 South & Grill	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Rotary Park - Gazebo	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Highland Park - Gazebo	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> YMCA - Pavilion	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Kennedy Park - Small Pavilion	\$40.00 / 4 hours	(start _____ end _____)	\$ _____
<input type="checkbox"/> Hawks Park Amphitheater - Non-Profit 501(c)(3) ...	\$100.00 / 4 hours	(start _____ end _____)	\$ _____
.....	or \$250.00 / day		
<input type="checkbox"/> Hawks Park Amphitheater	\$400.00 / 4 hours	(start _____ end _____)	\$ _____
.....	or \$750.00 / day		
<input type="checkbox"/> Park - Non-Profit 501(c)(3)	\$200.00 / 4 hours	(start _____ end _____)	\$ _____
.....	or \$500.00 / day		
Special Activity Permit Application Required. Not all parks are available for rental. Availability is determined by the Parks & Recreation Department.			
<input type="checkbox"/> Park	\$750.00 / 4 hours	(start _____ end _____)	\$ _____
.....	or \$1,500.00 / day		
Special Activity Permit Application Required. Not all parks are available for rental. Availability is determined by the Parks & Recreation Department.			
<input checked="" type="checkbox"/> WSP or Hawks Park - Ballfield without Lights	\$35.00 / hour	(start <u>5:30</u> end <u>7:30</u>)	\$ <u>420.00</u>
(Circle One)			
<input checked="" type="checkbox"/> WSP or Hawks Park - Ballfield with Lights	\$65.00 / hour	(start <u>5:30</u> end <u>7:30</u>)	\$ <u>2860.00</u>
(Circle One)			

Aug. 20 - Sept 5 = 12 hrs
Sept 10 - Nov. 21 = 44 hrs.
 *If lights are used for additional time, the person making the reservation will be billed \$65/hour.

Requesting Discount to pay \$1,500 total

Total \$ 3280

City of Edgewater Ordinances & Park Rules and YOU ACKNOWLEDGE that refunds are not available.

FINANCE DEPARTMENT - INTERNAL USE - PLEASE NOTE RENTER'S NAME IN RECEIPT NOTES
 SEPARATE BATCH: ① Cash Out - Parks & Recreation Fees (5F) ② Original to Back Up ③ Receipt to Parks & Recreation

PARKS & RECREATION - INTERNAL USE

Request Date _____ Received Via _____ Reserved By _____ ☐ Paid ☐ Calendar ☐ Sign ☐ Cash Out ☐ Notify Parks/Police

Phone, E-Mail, In Person

PARKS & RECREATION DEPARTMENT

1108 S. Ridgewood Avenue • Edgewater, FL 32132 • (386) 424-2400 ext. 7205 • Parks@cityofedgewater.org
 www.cityofedgewater.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WILSON SPORTS INSURANCE SERVICES, LLC 401 PITCHFORK TRAIL SUITE 711 WILLOW PARK, TX 76087	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED GREATER ORLANDO BASEBALL 1000 PRIMERA BLVD SUITE 3130 LAKE MARY, FL 32746 Attn: MIKE JACKSON	INSURER(S) AFFORDING COVERAGE INSURER A: FORTEGRA SPECIALTY INSURANCE CO. 16823 INSURER B: AXIS INSURANCE CO. 37273 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Athletic Participant <input type="checkbox"/> Legal Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	KSG3100000-02 CERT-WGL100422	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse&Molestation \$ 50K/200K
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER (secondary) Excess Accident Medical		SRPOAGI-WSA000512	08/01/2024	07/31/2025	Limit: \$100,000 Deductible: \$250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

TEAM: ECI Baseball 14U
CONTACT: Tony Sopotnick
SPORT: BASEBALL

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

Certificate specifically relates to practices & games.

CERTIFICATE HOLDER**CANCELLATION**

The City of Edgewater 104 N. Riverside Drive, Edgewater, FL 32132	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ECI 5:30 - 7:30
Aug 20, 22, 27, 29
Sept 3, 5 = 12 hrs.

w/out lights @ \$35
\$420

Sept. 10, 12, 17, 19, 24, 26

Oct. 1, 3, 8, 10, 15, 17, 22, 24
29, 31

Nov. 5, 7, 12, 14, 19, 21

44 hrs

with lights @ \$65

\$2860
total 3280 per field