



November 19, 2019

Andy Emmons
PO Box 1603
Laconia, NH 03247

Dear Andy:

At the November 18th meeting of the Laconia Parks and Recreation Commission, it was voted to approve your request for the use of Memorial Baseball and Softball field for the Laconia Frozen Diamond co-ed softball tournament. The tournament will run from January 25th and 26th 2020, Baseball field from 5:00pm until dark and softball field from 8:00am to 11:00pm pending upon the payment for lights and City Council approval for the fundraising event.

Please send us a certificate of insurance naming the City of Laconia as a co-insured prior to the tournament. Your insurance carrier may fax the certificate to our office at (603) 524-4129 or send via email to parcs@laconianh.gov. A key deposit of \$25.00 per key is required at the time of issuance.

If you have any further questions, please feel free to contact me at (603) 524-5046.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Lovisek". The signature is fluid and cursive, with the first and last names being the most prominent.

Amy Lovisek
Director of Recreation and Facilities

Parks and Recreation Department
306 Union Avenue Laconia, New Hampshire 03246
603-524-5046 Fax 1-603-524-4129



**Application for Facility Use
Laconia Parks & Recreation**

306 Union Avenue, Laconia, NH 03246
Phone 603-524-5046, Fax 603-524-4129
parks@laconianh.gov

Office Use Only:

Date of next Parks & Recreation Commission meeting:

Date of Parks & Recreation Commission approval:

To be accepted, your application must be completed in full and signed. Please type or print the information clearly and legibly and attach maps, layouts and any other additional information. Please mail, fax, email or drop off your application using the contact information shown above.

1. APPLICANT INFORMATION

Laconia

Sponsoring Organization Name:		Andy Emmons / Hard Ball + Softball Field @ Memorial (Frozen Diamond Co-ED Softball Tournament)	
Mailing Address, City, State, Zip		Street Address: P.O. Box 76 City, State, Zip: Winnisquam NH 03289	
Applicant Contact	Name:	Secondary Contact	Name:
	Title:		Title:
Phone:	Cell:	Phone:	Cell:
Email:		Email:	
Organization/Event Website (if applicable):		Is Organization a Non-Profit Entity?	
N/A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. EVENT/PROGRAM INFORMATION

Event/Program Name:			
Facilities Requested:		Describe which facility you are requesting in detail (all, a portion of, etc.) and attach a sketch/map if required and describe what you need from the Department: Hard Ball Field + Memorial Park Field Providing Porta potties	
Event/Program Dates: Indicate Dates/Times facility is requested including rain dates if applicable		Day(s) of the Week	Time of Day
Start Date	End Date		
Jan 25, 2020	Jan 26, 2020	Sat & Sunday	

Hard Ball Field - 8 AM - till dark
Softball field (Memorial) 8 AM - 11 P w/lights

EVENT/PROGRAM DETAILS

Has this event occurred before? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is this an annual event? <i>get approved</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		How many years has this event been occurring? <i>1st time</i>	
Are there any changes from previous years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Please describe changes from previous years: <i>Tournament ball game never had one in Laconia</i>			
Event Type:	<input type="checkbox"/> Community Festival/Fair	<input checked="" type="checkbox"/> Sporting Event	Is admission charged? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
	<input type="checkbox"/> Wedding	<input type="checkbox"/> Picnic	<i>100% proceeds going to charity</i>		
	<input type="checkbox"/> Run/Walk: Run/Walk Start Time:	<input type="checkbox"/> Performance	If a fundraising event, list benefactor: <i>the Carey House in Laconia</i>		
	<input type="checkbox"/> Other:	Expected Attendance:			
Is this event open to the public? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Please describe nature of event in detail: <i>CO-ED wooden bat softball tournament</i>			
<i>unknown at this time</i>					
If a fundraising event, list anticipated revenues: <i>\$2000</i>					

4. EVENT/PROGRAM SITE PLAN/SKETCH

At the discretion of the Parks and Recreation Department, a map/sketch showing the layout of your event at the facility requested may be required with this application. If a map/sketch is required, please include the following information:

- Name of Park facility requested.
- The overall event area inside the Park.
- The location of all physical equipment being placed (tents, booths, vendors, etc.)
- Location of portable toilets (if applicable)
- Any other details you think would be helpful

<input checked="" type="checkbox"/> Bathrooms <i>NS</i>	<input type="checkbox"/> Banner	<input checked="" type="checkbox"/> Athletic Field	<input type="checkbox"/> Storage Space
<input type="checkbox"/> Concession Area	<input type="checkbox"/> Picnic Area	<input type="checkbox"/> Electrical Source	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pavilion	<i>(119 hrs for softball field only)</i>		<input checked="" type="checkbox"/> Athletic Field Lighting

Does your event have vendors selling or distributing food, beverages, merchandise or services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If so, how many? _____
		Please contact the Licensing Dept. at 528-6331.

Does your event have any amplified sound? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What times are you requesting amplified sound? Start: _____ End: _____ Please contact the Licensing Dept. for a loudspeaker permit at 528-6331.	Is electricity requested (if available)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>for lights @ memorial park field only</i>
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Application for Facility Use Laconia Parks & Recreation

8. INSURANCE

A Certificate of Liability Insurance naming the City of Laconia as an additional insured for the duration of the event in an amount no less than \$1,000,000 must be provided prior to the start of the event.

Please e-mail the document to the Parks & Rec Office at parks@laconianh.gov

9. USER FEES

User fees may apply. Please see the attached User Fee Schedule below.

User Fee Schedule

Type of Use	Resident Fee	Non-Resident Fee
Laconia Parks and Rec Sanctioned Event	No Fee	No Fee
Youth Programs/Leagues (17 Years old & younger)	No Fee	No Fee
Adult Programs/Leagues	No Fee	\$10 per participant/Season
Laconia School District Sporting Events & Programs	No Fee	\$20 per participant/Season
Non-Profit Charity Events	\$100*	N/A
Special Events	No Fee*	\$100*
	(If all participants/instructors are Laconia Residents)	\$100* per Half Day (four hours or less)
		\$240* per Full Day (four hours or more)
Large Events	\$300-\$500*	\$300-\$500*
Tournament - Youth Program League	\$100	\$300
Tournament - Adult Program League	\$150	\$300
Sports/Day Camps	\$50/day per facility*	\$300
Picnics	\$50 per day per facility*	\$50 per day per facility*
Concession Stands	\$50 per Half Day (four hours or less)	\$10 surcharge per each additional non-resident participant/instructor*
	\$100 per Full Day (four hours or more)	\$100 per day per facility*
	\$240 per season	\$50 per Half Day (four hours or less)
Storage Bays (Sports Leagues Only)	\$20 per bay per month	\$100 per Full Day (four hours or more)
		\$200 per season
		\$20 per bay per month

* Can be waived by the Parks and Rec Commission depending on size and impact of the request
Adopted as policy by the Laconia Parks & Recreation Commission on Sept of 2019

10. SIGNATURE

I certify that the information provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly. I have read the Rules and Regulations pertaining to facility use and will be present and responsible for their enforcement.

Applicant Signature: Andrew Emmons Date: _____ Applicant Printed Name: Andrew L. Emmons

Street Address: P.O. Box 76

City, State, Zip: Winnisquam, NH 03289

For Office Use Only:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Administrative Approval | <input checked="" type="checkbox"/> Field Lighting Fees |
| <input type="checkbox"/> Key Deposit | <input type="checkbox"/> Loudspeaker Permit | <input type="checkbox"/> Storage Fees |
| <input checked="" type="checkbox"/> User's Fee (Type: <u>Tournament</u>) <i>← waived</i> | <input type="checkbox"/> Vendor Permits | <input type="checkbox"/> Concession Fee |
| <input type="checkbox"/> Special Event Approval | <input type="checkbox"/> Propane Tank Waiver | <input type="checkbox"/> Rain Date |
| <input type="checkbox"/> Licensing Board Approval | <input type="checkbox"/> Outstanding Balance | <input type="checkbox"/> Any Issues in the past |
| <input checked="" type="checkbox"/> City Council Approval | <input type="checkbox"/> Previously Waived User Fees | <input checked="" type="checkbox"/> Other <u>Need porta potties</u> |
- Approved 11/19*