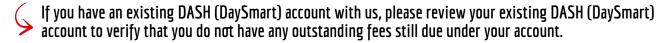
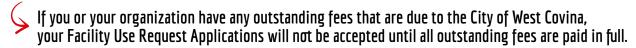


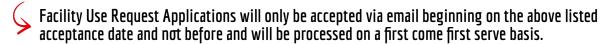
WEST COVINA SPORTSPLEX ACCEPTANCE OF FACILITY USE REQUEST AND REQUIREMENTS INSTRUCTIONS

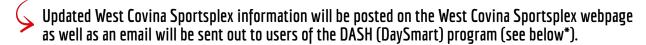
The West Covina Sportsplex will be accepting Facility Use Request Applications for the West Covina Sportsplex beginning Monday, June 17, 2024.

Dates the West Covina Sportsplex is available for booking are between **July 1, 2024 through December 16, 2024** at this time.









Below is the process for submitting Facility Use Request Applications beginning Monday, June 17, 2024:



- 1. Submit a completed Field Usage Request Application so we can verify the availability of request dates.
 - 1) Include dates & times (not after 9PM) and field size needed that you are requesting (can place in application or submit an additional page to your application).
 - 2) Insurance Information to include additional insured page (see attached, pg. 4). This isn't required at initial application submittal but highly suggested to be submitted together to make the booking process smoother.
- 2. Staff will verify dates available and if not submitted with your application request, they will request your insurance information. NOTE: Insurance must cover all time periods for the dates you requested.
- 3. Once all documentation required is received, staff will tentatively book dates available.
- 4. Staff will route your application for review to the Deputy Director.
- 5. The Deputy Director will give findings. If approval is granted for use, staff will begin solidifying the booking process.
 - 1) Facility Use Request Application approval document will be added to your DASH (DaySmart) account.
 - 2) Staff will email the contract to you for verification that the information is correct.
 - 3) You will return a signed contract. Security deposit is due at signing.
 - 4) Staff will sign contracts and upload that into your online profile.
 - 5) Staff will issue invoices.
 - 6) Booking will be completed and awaiting your date(s) of use. Note: Payment is due based on fee schedule. Payment is due 2 weeks prior to the event. Failure to submit payment can result in future use requests being denied. It is important to make sure you read the contract completely.



Again, Facility Use Request Applications are processed on a first come first serve basis so the sooner we receive the Facility Usage Request Application Form and required documentation the better. Submittal of application doesn't guarantee availability and is not a contract, but a request for facility usage.

*In addition to the attached application, if you don't already have an existing profile in our online booking program called DASH (DaySmart), please create a profile by clicking on the below link, so we can complete the booking process once the Field Usage Application and insurance requirements are received and approved.

Registration can be done by clicking here.

If you have any questions or to submit your Facility, Use Application, please email <a href="https://www.wc.nc.gov/wc.gov/wc.g

We look forward to working with you for your future booking needs.

| Today's Date: | FIELD USE REQUESTS APPLICATION | V | | | |
|--|---|---------------------|--|--|--|
| Rental Date(s): | | _ to | | | |
| Renters (Responsible Party) Name: | | | | | |
| Organization: (if applicable) | | | | | |
| Address: | | | | | |
| City: | | ip: | | | |
| Phone: | Cell: | | | | |
| E-mail: Expected Attendance: | | | | | |
| Purpose of Use: | | | | | |
| Bases (60ft,65ft,70ft, 80ft, 90ft): | | | | | |
| | FEES | Total | | | |
| Practice Rental Fee: \$50 Per One Hour Per Field Soccer Pavilion Fee: \$65 Per Hour City Staff Fee \$20 each - Minimum 2 Staff per Field or Soccer Pavilion fee applies to all rentals. | Tournament Games: \$45 per game per field + Security Deposit of \$305. Tournament City Staff Fee: Fee is dependent upon game schedule. Fencing Fee (softball tournaments) \$100 per field set up | City Staff Use Only | | | |
| | Yankee Field Angels Field Soccer Pavilion | | | | |
| | TOTAL FEES: | \$ | | | |
| INSURANC | CE REQUIRMENTS | | | | |
| | Insurance | | | | |
| Valid insurance required for all dates applicable thorized by that insurer to bind coverage on its right pursuant to this agreement. Said policies agents, employees, and volunteers for all liability rks, or facilities as described herein and shall be Covina requires user groups to provide General dollars (\$1,000). The coverage shall include bodily | City Staff Use Only Date Received: | | | | |
| LIABILI | TY DISCLAIMER | | | | |
| to the reserved use of park sites and will be pr assumes financial responsibility for any v facilities/permit. User groups are held account must provide supervision and monitor facilities I hereby agree that I, and the organization I v | is correct. I have read the rules and regulations pertaining resent and responsible for their enforcement. User group wandalism, damage, repairs associated with use of table for the team, spectators, and public. Organizations aduring use. Organization under permit assumes liability. The represent, shall hold the City of West Covina and all its pum, and against, any liability or damage which may arise | Date Signed: | | | |
| Please Print Name: | Driver's License #: | | | | |
| | APPROVAL | | | | |
| | | | | | |
| Community Services Coordinator Da | Deputy Director of Community Serv | ices Date | | | |

City of West Covina West Covina Sportsplex Fee Schedule



RATES:

Admission to the Dark

| Admission to the Park | |
|---|-----------------|
| 3 & Under and Uniformed Players 13 & Under | . Free |
| 3 & Under and Uniformed Players 13 & Under Free Youth (4-13) \$1.00 Seniors (65+) \$1.00 Adults (Residents) \$3.00 Adults (Non-Residents) \$5.00 Adults (weekdays) \$3.00 | |
| Seniors (65+) | \$1.00 |
| Adults (Residents) | \$3.00 |
| Adults (Non-Residents) | . \$5.00 |
| | |
| | |
| Facilities | |
| *Security Deposit | . \$305 |
| | |
| Indoor Soccer Field | . \$65 per/hr. |
| Staff Fee (minimum 2 staff per field or Soccer Pavilion fee applies to all rentals) | \$20 per/hr. |
| Fencing Fee (softball tournaments) | \$100 per field |
| g · · | • |
| Vendor Fee | . \$200 weekend |

Please Contact for Tournament, League Fees, Corporate Events, Private Events or Special Event Info.

Rental Guidelines:

- Final payment for all rentals must be received 14 days prior to rental date.
- Refundable security deposit at time of contract signing.
- Security deposit will be held if rental goes past agreed time
- Parties are responsible for all decorations including table linen and centerpieces.
- 3% administrative fee is added to all transactions regardless of the form of payment.
- All cancellations must be made at least 14 days in advance to receive a full refund.
- Cancelations between 7-14 days will receive 50% of rental fees returned. Rentals
 canceled within 7 days of rental will not be refunded. Cancellations must be made
 during facility hours.
- Rentals that cannot happen due to inclement weather will be rescheduled based on availability or a credit will be provided.
- An organization cannot forfeit or exchange its allocation or any part thereof, with another organization/team without the written approval of the City prior to usage. Any such modification must be filed with the City and verified in writing by all parties wishing to exchange allocation."

West Covina Sportsplex 2100 S. Azusa Ave West Covina 91792 (626)939-8835

Please email <u>WCovinaSportsplex@westcovina.org</u> for more information.

Please include any questions, what field/facility rentals desired, dates and times of desired rentals, and a phone number.

Please leave a voicemail if you call the facility at 626-939-8835

Fees Subject to Change

^{*}Security Deposit fees per field are applied to all Tournaments, League Fees, Corporate Events, Private Events or Special Events.

SAMPLE OF REQUIRED INSURANCE INFORMATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2016

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 the terms and conditions of the policy, certificate holder in lieu of such anders | certain p | olicies may require an er | policy(ndorse | ies) must be end ment. A stateme | dorsed. ent on thi | If SUBROGATION IS WA s certificate does not con | IVED, s ifer righ | ubject to |
|---|---------------------------------|--|------------------------------------|-------------------------------------|-------------------------------|--|----------------------|-------------|
| certificate holder in lieu of such endorsement(s). | | | CONTACT Bob Broker | | | | | |
| | | | PHONE | 626 000 AC | 200 | FAX (A/C, Ne): | | |
| ABC Insurance Agency | | | E-MAIL bhrakas@amailaddraga | | | | | |
| 1 Garvey | | | ADDRESS: DDIOREI@GITIAIIAGGIGSS | | | | | |
| West Covina, CA 90000 | | A CME I | | | | | NAIC # | |
| | | | INSURER A: ACME Insurance | | | | | |
| INSURED | | | INSURER B: | | | | | |
| Your Business Entity Name | | INSURER C: | | | | | | |
| Address | | | INSURER D: | | | | - | |
| | | | INSURER E : | | | | | |
| | | | INSURE | RF: | | | | |
| COVERAGES THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH | OF INSUF QUIREME PERTAIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN' | CONTRACT OR THE POLICIES DE | INSURE OTHER D ESCRIBED | OCUMENT WITH RESPECT | TO WH | IICH THIS |
| NSD Q2M | ADDL SUBR | 1 | . ULLIN | POLICY EFF POI | | LIMITS | | |
| TYPE OF INSURANCE GENERAL LIABILITY | INSR WVD | POLICY NUMBER | | (MM/DD/YYYY) (MM) | (VYYY) | EACH OCCURRENCE S | | \$1,000,000 |
| | | | | | | DAMAGE TO RENTED | | \$110001000 |
| X COMMERCIAL GENERAL LIABILITY | | | | | | PREMISES (Ea occurrence) | - | |
| CLAIMS-MADE X OCCUR | | 01400450700 | | | 1 | MED EXP (Any one person) | | |
| Α | | GL123456789 | | | - | PERSONAL & ADV INJURY | | \$2,000,000 |
| | | | | | | GENERAL AGGREGATE | | φ2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC LOC | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | \$1,000,000 |
| X ANY AUTO | | | | 1 | BCDILY INJURY (Per person) \$ | 3 | | |
| ALL OWNED SCHEDULED | | AL123456789 | | | 1 | BCDILY INJURY (Per accident) \$ | 3 | |
| NON-OWNED | | 711,120,100,100 | | | | PROPERTY DAMAGE | | |
| HIRED AUTOS AUTOS | | | | | 1 | (Per accident) | | |
| UMBRELLA LIAB OCCUB | | | | | | | | |
| - COOCK | | | | | - | EACH OCCURRENCE S | | |
| OCAMO-MAGE | | | | | | AGGREGATE S | | |
| DED RETENTION \$ WORKERS COMPENSATION | | | | | | WC STATU: OTH: | | |
| AND EMPLOYERS' LIABILITY Y / N | | | | | | X WC STATU- TORY LIMITS OTH- ER | | |
| A ANY PROPRIETOR/PARTNER/EXECUTIVE N N/ | | WC123456789 | | | | E.L. EACH ACCIDENT | | |
| (Mandatory in NH) If yes, describe under | | | | | } | E.L. DISEASE - EA EMPLOYEE \$ | 3 | |
| DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 3 | |
| DESCRIPTION OF OPERATIONS I COATIONS (VEHICLE | 50 /Allesh | ACORD 101 Additional Provides | Sahadula | Managara kanana kanana | sized) | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC City of West Covina 4th of July Event | PPO (Attack | Social in Pengalini Balinike | Schadule | , пого вресо в 1840 | | | | |
| CERTIFICATE HOLDER | | | CAN | CELLATION | | | | |
| City of West Covina 1444 West Garvey Avenue South | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| West Covina, CA 91790 | | | AUTHORIZED REPRESENTATIVE John Doe | | | | | |

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

SAMPLE OF REQUIRED INSURANCE INFORMATION

POLICY NUMBER: GL 123456789

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The City of West Covina, its officers, agents, employees, volunteers and representatives.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.