

**BROOME COUNTY PARKS, RECREATION & YOUTH SERVICES
SOFTBALL TOURNAMENT/CAMP APPLICATION**



Received: _____
Amount Paid: _____
Receipt No. _____
Approved: _____

Receipt of the application is not a guarantee of facility use. Application will not be finalized until approved and executed by the Parks, Recreation and Youth Services Department. Submit application form to: Broome County Parks, Recreation and Youth Services P.O. Box 1766, Binghamton, NY 13902. Fax (607)778-2356 or via email: paige.rauch@broomecountyny.gov.

For questions and availability please contact the Broome County Parks and Recreation Event Coordinator by telephone at 607-778-1637, or by email at paige.rauch@broomecountyny.gov.

APPLICANT INFORMATION

Applicant/Contact Person: _____

Business/ Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Telephone Number: _____ **Cell:** _____ **Work:** _____

On-Site Event Contact Person/Tournament Director: _____

On-Site Event Contact Person/Tournament Director Phone Number: _____

On-Site Event Contact Person/Tournament Director Email: _____

(Note: The On-Site Event contact must be on-site for the duration of the event and must be available by telephone)

Requested Fields: _____

(Note: All tournaments and play days MUST rent out all four fields*)

Requested Event Date(s): _____

Requested Time: From: _____ **To:** _____

<p>FOR PARKS USE ONLY: THIS REGISTRATION ISSUED BY: _____ ON _____</p>

TOURNAMENT/CAMP INFORMATION

* Please answer each question completely. Unanswered questions may delay your request.

Please Check One:

___ Tournament

___ Camp

Tournament/Camp Name: _____

Expected Attendees: _____ Estimated # of Vehicles: _____

Number of Teams: _____

Event Website (if applicable): _____

Set-up time: _____ Clean-up time: _____

Detailed description of Tournament:

Will this event have music or amplified sound*? Y / N

Will this event need usage of LED field lights? Y / N

If yes, please provide more information:

*Amplified music and sound and/or the usage of the LED lights require written permission from the Director of Parks, Recreation and Youth Services

Is this event open or advertised to the public? _____

Is this a fundraising/ revenue producing event? _____

Will there be soliciting or selling of any kind? _____

Note: Food trucks may be requested and must obtain a Broome County Food Truck Permit from the Parks Main Office.

Rain Date(s)/Time(s) of Event (Granted Subject to Availability) _____

Insurance Requirements

Please refer to the "Risk Management & Insurance Specifications" document.

Security Requirements

There is an Automated External Defibrillator (AED) located under the pavilion of the main building at the complex.

All permit holders are required to have one person who is AED/CPR certified at all events at the Broome County Softball Complex. The certified individual must be at the event at all times.

Proof of certification must be provided with submittal of the Guidelines Acknowledgement, Tournament/Camp Application, and/or the Field Allocation Request Form.

Broome County Parks Contact Information

Main Office

Number: (607)-778-2193

Fax: (607)-778-2356

Email: bcparks@broomecountyny.gov

Event Coordinator

Name: Paige Rauch

Number: O: (607)-778-1637

C: (607)-343-3240

Email: paige.rauch@broomecountyny.gov

Field Manager

Name: Thomas Knapp

Number: (607)-778-0218

Email: thomas.knapp@broomecountyny.gov