



2024 Main Beach Volleyball Tournament Application Packet

**Parks and Recreation
323 Church Street
Santa Cruz, CA 95060
(831) 420-5266 – DC Lawson-Thomas
www.santacruzparksandrec.com**



2024 Beach Volleyball Tournament Policy & Application Process

Early Bird Application period: Oct. 26 – Nov 27, 2023

Application Process

1. Beach Volleyball Tournament Applications (**160 player max.**) must be submitted a minimum of 30 days in advance of requested dates. Submit application packet to DC Lawson-Thomas, City of Santa Cruz Parks & Recreation, 323 Church St. Santa Cruz, CA 95060 or emailed to dlawson-thomas@cityofsantacruz.com
2. \$200 refundable deposit and tournament fees are due with application for 1 - 2 tournament dates.
3. \$800 refundable deposit is due within two months of first tournament for 3+ tournament dates (2023 deposits will be rolled over to 2024, if deposit has not been returned from 2023).
4. **Cancellation Policy:**
 - 14 days or less - full deposit is forfeited
 - 30 days or less - 50% of deposit is forfeited
 - 31 days or more - 0% of deposit is forfeited
5. **Current Tournaments fees:**

<u>Non-profit</u>	<u>Standard</u>	<u>Commercial</u>
\$73/day* per court	\$86/day* per court	\$129/day* per court
\$38/half day** per court	\$45/half day** per court	\$73/half day** per court
*4+ hours = all day		
**1-4 hours = half day		
6. **Court rental fees is due two weeks prior to each tournament.**

Use Policy

1. One-day tournaments (160 player max.) are scheduled through the City's Parks and Recreation Department depending upon availability.
 - **PEAK SEASON:** Memorial Day weekend through Labor Day weekend - only one, 1-day tournament per weekend is allowed (Sat or Sun).
 - **OFF SEASON:** After the Labor Day weekend and prior to the Memorial Day weekend
1- one-day tournaments can be scheduled on both weekend days (1 tournament per group).
2. General liability insurance with an endorsement listing the City of Santa Cruz as additionally insured is required for all tournaments. Please see City of Santa Cruz insurance requirements.
3. One commercial weekend tournaments (Saturday and Sunday) is allowed between Memorial Day and Labor Day.

Reservation Guidelines

1. **Early Bird application period October 26 – November 27, 2023.**
2. Incomplete application packets will not be accepted.
Complete applications include:
 - Use Application for City Athletic Facilities* form
 - 2024 Request Calendar – circle dates, provide court number and time for each court for each date – use a separate piece of paper if necessary
 - Signed Beach Volleyball Conditions of Use, Exhibit A
 - Signed Hold Harmless Agreement
 - Fees or deposits (*see #2 and #3 in application process section above*) - checks made payable to: *City of Santa Cruz*
 - Certificate of Insurance naming the City of Santa Cruz as additionally insured **with an “endorsement page”** listing the City of Santa Cruz. See Insurance requirements in application packet
 - Nonprofit Authorization Form required annually for all nonprofit applicants
3. **Nov. 29:** Applicants will be contacted by email of duplicate date requests.
4. **Dec. 1:** Duplicate dates will be chosen by lottery if applicants cannot resolve date conflicts among themselves
5. **Dec. 4:** Applicants will be emailed the outcome of the lottery.
6. **Dec. 8:** Applicants will be emailed and/or mailed their 2024 reservation date(s).
7. **Dec. 15:** Confirmation packets and rental contracts will emailed and mailed to applicants



Parks and Recreation Department
 323 Church Street
 Santa Cruz, CA 95060
 Ph: 831-420-5270 Fax 831-420-5271
www.santacruzparksandrec.com

**USE APPLICATION FOR CITY
 ATHLETIC FACILITIES**

Park/Beach: _____

Field(s) /Court: _____

Date(s): _____

Times: *start* _____ *end* _____

Purpose of Use (e.g. *games, practice, tournament, etc*): _____

Number of people expected: _____

Company/Organization (if applicable): _____

Non-Profit # _____

Applicant/Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home phone: _____ Work/Cell phone: _____

Fax number: _____

Please indicate the following:

	YES	NO		YES	NO
Have you reserved with us before?	<input type="checkbox"/>	<input type="checkbox"/>	Will other equipment be used?	<input type="checkbox"/>	<input type="checkbox"/>
Will field lights be used?(\$20/ hour charge) <i>(Beach facilities excluded)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please explain</i> _____		
Will amplified sound be used?	<input type="checkbox"/>	<input type="checkbox"/>			

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed on this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the reverse.

_____ Applicant's Signature

_____ date

___ I agree to the above term and conditions.



GENERAL REQUEST

Name of Organization/Group: _____

Facility/Field Requested: _____ Approximate Number: _____

Start Date: _____ End Date: _____

Point of Contact: _____ Telephone Number: _____

GENERAL REQUEST
(circle dates you wish to reserve and enter times below)
JANUARY 2024 – DECEMBER 2024

JANUARY 2024							FEBRUARY 2024							MARCH 2024							APRIL 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3						1	2							
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	28	29	30				
														31													
MAY 2024							JUNE 2024							JULY 2024							AUGUST 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1		X	X	3	X	X	6					X	X	3	
5	6	7	8	9	10	11	2	X	X	5	X	X	8	7	X	X	10	X	X	13	4	X	X	7	X	X	10
12	13	14	15	16	17	18	9	X	X	12	X	X	15	14	X	X	17	X	X	20	11	X	X	14	X	X	17
19	20	21	22	23	24	25	16	X	X	19	X	X	22	21	X	X	24	X	X	27	18	X	X	21	X	X	24
26	27	28	29	30	31		23	X	X	26	X	X	29	28	X	X	31				25	X	X	28	X	X	31
							30																				
SEPTEMBER 2024							OCTOBER 2024							NOVEMBER 2024							DECEMBER 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	X	X	X	X	X	7			1	2	3	4	5						1	2	1	2	3	4	5	6	7
X	X	X	X	X	X	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	X	X	X	X	X	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

Completed by Applicant <i>Specify months and/or days if times vary</i>	Office Use Only
Start Time	End Time
SUN.	Request Unavailable
MON.	
TUE.	
WED.	
THU.	
FRI.	
SAT.	

OFFICIAL USE ONLY

APPROVAL: _____ **DATE:** _____ **CONFIRMATION SENT:** _____

CITY OF SANTA CRUZ CONDITIONS OF USE
SANTA CRUZ MAIN BEACH VOLLEYBALL

1. Permittee shall ensure that the event(s)/tournaments(s) begin and end on time and follow all rules, ordinances and laws.
2. No alcohol shall be sold or consumed in association with these events on any public lands. All advertising for the events must indicate no alcohol consumption is allowed. No glass containers allowed on the beach.
3. Permittee is responsible for cleaning up and restoring the site used to the condition as it is existed prior to the events. \$200 - \$800 refundable cleanup deposit is required for tournaments.
4. Tournament reservations are reserved by day (4+ hrs.) or ½ day (1-4 hrs.) per court and fees are due a minimum of ten (10) working days prior to the tournament.
5. Payment of fees is due when reserving courts for non-tournament rentals. Tournament reservation fees are due no later than ten (10) working days prior to the event/tournament. Permittee to pay said fees directly to the Parks and Recreation Department, Sports & Beaches Division.
6. 10% of gross tournament registration fees are due no later than 10 days after each tournament
7. Commercial sales of any items are not allowed.
8. Permittee must obtain access to power (\$20 fee) if sound amplification is to be used. Permittee is responsible for presentation of permit at the events if requested. Sound must be directed toward the ocean.
9. Electricity is available for permittee to use during tournaments events upon request a minimum of ten (10) working days prior to the tournament for a \$20 access to power fee.
10. Permittee shall pay parking meter revenue loss for any meters reserved directly to Parking Services by contacting City Parking Control (420-5181) a minimum of ten (10) working days prior to the tournament for bagging of meters.
11. NO vehicles are allowed on the beach at any time.
12. Permittee shall agree to and sign an indemnification agreement acceptable to the City.
13. Permittee shall provide the City of Santa Cruz with a certificate of insurance and endorsement for standard form commercial general liability insurance coverage acceptable to the City thirty (30) days prior to the events listing the City of Santa Cruz it's officers, officials, employees, agents and volunteers are named as additional insured.
14. Failure to comply with any of the above conditions may be cause for revocation of this permit.
15. An authorized representative of the City shall have the right to enter the facility and parts thereof at any times during a scheduled event. The City of Santa Cruz retains the right to revoke permission for use of a facility at any time. The Parks and Recreation Department may terminate any special event activity or tournament when it is necessary for the safety, health, morality, welfare, or reasonable enjoyment of the public, for protection of resources, for the violation of any rules and regulations of the City of Santa Cruz, or if it is deemed necessary in the public interest.



INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, the _____ hereinafter referred to as the Permittees,
 _____ Event Sponsor(s)
 have been afforded the privilege of the use of Santa Cruz City _____
 _____ Facility
 during the _____ to be held on _____
 _____ Event _____ Date(s)

NOW, THEREFORE, in consideration of the granting and exercise of the above-mentioned license and privilege, the Permittees do hereby promise, agree and covenant:

1) To indemnify, save harmless and defend the City of Santa Cruz, its officers, agents and employees from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the City may incur for injury to or the death of any persons or damage to property arising out of or in any manner related to the above-described Permittee's use or occupancy of _____
 _____ List Specific Facility

Said obligation to indemnify, defend and hold the City harmless extends to active negligence by the City.

2) That the Permittees will not make any claim, institute any suit, or otherwise resort to any legal processes, either legal or equitable, against the City of Santa Cruz, or any of its affiliated departments, agencies, bureaus or boards for any loss or damage, financial or otherwise to their personnel, property, reputation, or business arising out of the Permittees' presence and activities connected with the use of said Santa Cruz City property or arising out of any arrangements to or from area used and property for which the City of Santa Cruz might otherwise be responsible;

3) That should it become necessary to enforce the terms of this agreement by legal or equitable action, or should the Permittees breach this agreement, the Permittees will pay legal costs and attorney's fees incurred by the City of Santa Cruz either in defense of a suit by the Permittees or in the prosecution of a suit against the Permittees.

4) To provide suitable supervision of individuals of their organization who use any City of Santa Cruz property or _____
 _____ Special area to be used

5) No non-appropriated or appropriated funds of the City of Santa Cruz are obligated by this agreement;

6) The City of Santa Cruz reserves the right to terminate this agreement at any time without prior notice to the Permittees.

For: _____
 _____ Organization Name _____ Organization Representative

 _____ Date

Beach Street



Beach Street Kiosk

West
Brook
Ramp

Coconut
Grove
→

Municipal Wharf

1	4	7	10	13	16
2	5	8	11	14	17
3	6	9	12	15	18

Ocean



CITY ORDINANCES

AT THE

BEACH

-No dogs on the beach

(SC Municipal Code 8.14.200A)

-No alcohol on the beach

(SC Municipal Code 13.08.030)

-No smoking on the beach

(SC Municipal Code 6.04.060 (1)(s))

-No glass on the beach

(SC Municipal Code 13.08.025)

-No fires on the beach

(SC Municipal Code 13.08.050)

www.cityofsantacruz.com
Parks & Recreation, 831-420-5270



Certificate of Insurance Requirements

Certificates of Insurance must be current and include the following:

1. Required liability limits (minimum of \$2,000,000 per occurrence, based on scope of work, degree of risk or other circumstance)
2. Name and address of insured
3. Location of event or operation
4. Description of class, event or operation
5. Date issued
6. Policy effective date and policy expiration date – expiration date must be effective through class, event or operation date(s)
7. The City of Santa Cruz must be listed as additional insured on liability insurance policy as follows: "The City of Santa Cruz, its officers, officials, employees, agents and volunteers" Additional Insured Endorsement required: Certificate of insurance alone will not be accepted.
8. The certificate holder must be the City of Santa Cruz. The address should be:

The City of Santa Cruz
1200 Pacific Street Suite #290
Santa Cruz, CA 95060
9. Primary coverage – Any contractor's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, agents and volunteers.
10. Advance written notice must be provided to the City of Santa Cruz of any modification, change or cancellation of any component of the insurance coverage.
11. Certifications of Insurance and Endorsements are due in advance of class, event or operation.
12. If contractor has employees, Worker's Compensation Insurance meeting statutory limits and a Waiver of Subrogation Endorsement are required. (If no employees, contractor must fill out a Waiver Form stating there are no employees in order to be exempt from the Worker's Compensation Insurance Requirement.)
13. The liability insurance must be on an "occurrence" basis, including products-completed operations, covering the participants in the event or operation, as well as spectators (if applicable).

City reserves the right to modify any of insurance limits (higher or lower coverage amounts) or require additional specialized insurance coverages for specific risk exposures depending on the scope or work or other circumstances. In addition to meeting the insurance requirements, contractors will be required to indemnify and hold the City, its officers, officials, employees, agents and volunteers harmless from any potential liability relating to the event or operation.

2 This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

<p>PRODUCER</p> <p style="text-align: center;">1</p> <p style="text-align: center;">This block identifies the Agent or Broker.</p>	<p>CONTACT INFORMATION</p> <p>NAME: _____ PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____</p>
<p>INSURER(S) AFFORDING COVERAGE NAIC #</p>	

<p>INSURED</p> <p style="text-align: center;">4</p> <p style="text-align: center;">The insured is your entity's contractor or lessee.</p>	<p>INSURER A: _____ 3</p> <p>INSURER B: _____</p> <p>INSURER C: _____</p> <p>INSURER D: _____</p> <p>INSURER E: _____</p> <p>INSURER F: _____</p> <p style="text-align: center;">3</p> <p style="text-align: center;">The insurer will be identified here. The insurer letter appears again near the left margin at "3" to show which insurer provides which coverage.</p>
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COVERAGES **CERTIFICATE 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	ADD'L SUBR INSR	WAVD	NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						PER OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY						PER OCCURRENCE \$	
	CLAIMS-MADE						PER PERSON \$	
	OCOUR						PER PERSON \$	
	<p>GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/></p>							
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$	
	ANY AUTO						GENERAL AGGREGATE \$	
	ALL OWNED AUTOS						PRODUCTS - COM/PROP AGG \$	
	HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$	
	SCHEDULED AUTOS						PROPERTY (Per person) \$	
	NON-OWNED AUTOS						PROPERTY (Per accident) \$	
	UMBRELLA LIAB						DAMAGE \$	
	EXCESS LIAB						RETENTION \$	
	OCOUR						RETENTION \$	
	CLAIMS-MADE						RETENTION \$	
	DED.						RETENTION \$	
	RETENTIONS						RETENTION \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						RETENTION \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						RETENTION \$	
	Y/N						RETENTION \$	
	N/A						RETENTION \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							RETENTION \$

9 This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.

11 Cancellation provisions

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">10</p> <p style="text-align: center;">Certificate holder is your entity.</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
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<p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">12</p> <p style="text-align: center;">The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.</p>	<p>WAIVER OF SUBROGATION. All rights reserved.</p>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
WHERE REQUIRED BY WRITTEN CONTRACT.	WHERE REQUIRED BY WRITTEN CONTRACT.
Information required to complete this schedule, if not shown above, will be shown in the Declarations.	

EXAMPLE

A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

EXAMPLE





MAIN BEACH

VOLLEYBALL TOURNAMENT GUIDE

2019

REVISED: 3/14/19

DATE	EVENT	CONTACT
January		
Sat. Jan. 26 8:30am-4pm	BeachVB / AVP First courts 1-14 (including 4A & 6A)	Todd Sears toddsears@gmail.com
March		
Fri Mar. 8 & Sat Mar. 9 7am-6pm	USF Volleyball Tournament courts 1-6	USF
Sat. March 16 8:30am-4pm	BeachVB / AVP First courts 1-14 (including 4A & 6A)	Todd Sears toddsears@gmail.com
Sat. March 23 8am-5pm	CBVA Adult courts 1-6 (8a-5p), 6A-14 (8a-12p)	Mark Hull mark@mainstreetbeach.com/831-254-2552
Fri Mar. 29 & Sat Mar. 30 7am-3pm (9pm end on Sat.)	USF Volleyball Tournament courts 9-14	USF
Fri Mar. 29 - Sun. Mar. 31 7pm-8pm (3pm start on Fri.)	NCVA National Qualifier courts 1-8 (all courts on Sun.)	Melissa Walker 415-550-7582
APRIL		
Sat. April 6 8am-5pm	CBVA Adult courts 1-6 (8a-5p), 6A-14 (8a-12p)	Lucas Bol 831-359-2721
Sat. April 13 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Sat. April 20 8am-5pm	CBVA Adult courts 1-6 (8a-5p), 6A-14 (8a-12p)	Mark Hull mark@mainstreetbeach.com/831-254-2552
MAY		
Sat. May 4 8am-5pm	CBVA Adult courts 1-6 (8a-5p), 6A-14 (8a-12p)	Lucas Bol 831-359-2721
Sun. May 5 9am-5pm	Notre Dame Belmont High school courts 1-14 (including 4A & 6A)	Barry Peters 650-245-8937
Sat. May 11 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Sat. May 18 7am-7pm	NCVA courts 1-14 (including 4A & 6A)	Melissa Walker 415-550-7582
Thu. May 23 7am-5pm	NCVA courts 1-8 (including 4A & 6A)	Melissa Walker 415-550-7582
Sat. May 25 8am-5pm	CBVA Adult courts 1-6 (8a-5p), 6A-14 (8a-12p)	Mark Hull mark@mainstreetbeach.com/831-254-2552
Thu. May 30 7am-5pm	NCVA courts 1-8 (including 4A & 6A)	Melissa Walker 415-550-7582
JUNE		
Sat. June 1 8:30am-4pm	BeachVB / AVP First courts 1-14 (including 4A & 6A)	Todd Sears toddsears@gmail.com

DATE	EVENT	CONTACT
Wed. June 5 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. June 8 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Wed. June 12 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. June 15 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)	Lucas Bol 831-359-2721
Wed. June 19 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sun. June 23 7am-7pm	NCVA courts 1-14 (including 4A & 6A)	Melissa Walker 415-550-7582
Wed. June 26 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. June 29 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
JULY		
Wed. July 3 7am-5pm	NCVA courts 1-8 (including 4A & 6A)	Melissa Walker 415-550-7582
Sat. July 6 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Wed. July 10 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. July 13 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Wed. July 17 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. July 20 7am-7pm	NCVA courts 1-14 (including 4A & 6A)	Melissa Walker 415-550-7582
Wed. July 24 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. July 27 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Wed. July 31 8am-5pm	CBVA Youth courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
AUGUST		
Sat. Aug. 3 7am-7pm	NCVA courts 1-14 (including 4A & 6A)	Melissa Walker 415-550-7582

DATE	EVENT	CONTACT
Sat. Aug. 10 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Sat. Aug. 17 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)	Lucas Bol 831-359-2721
SEPTEMBER		
Sat. Sep. 7 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. Sep. 14 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Sat. Sep. 21 8am-6pm	PSEA Company Tournament courts 1-6	
Sun. Sep. 22 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)	Lucas Bol 831-359-2721
OCTOBER		
Sat. Oct. 5 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
Sat. Oct. 12 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com
Sat. Oct. 19 8am-5pm	CBVA Adult courts 1-6 (8a-5p),6A-14 (8a-12p)mark@mainstreetbeach.com/831-254-2552	Mark Hull
NOVEMBER		
Sat. Nov. 2 9:30am-5:30pm	No Attitudes Allowed courts 1-10 (9:30a-5:30p), 11-14 (9:30a-1:30p)	Liz Fowler lizzyfowler@aol.com

VOLLEYBALL TOURNAMENT RENTALS

Applicants interested in hosting a volleyball tournament may rent the Main Beach volleyball courts from the Parks and Recreation Department (contact Jill Bates at 420-5266). Tournaments are limited to Saturdays or Sundays from Memorial Day to Labor Day. Tournaments may be scheduled on Saturday and/or Sunday before Memorial Day or after Labor Day if available. Applicants must apply 60 days in advance of the requested tournament date.

TOURNAMENT FEES

<u>Non-Profit</u>	<u>Standard</u>	<u>Commercial</u>
\$55/day/court	\$72/day/court	\$101/day/court
\$30/½-day/court	\$38/½-day/court	\$51/½-day/court

Day = 4+ hours

½-Day = 1-4 hours



PARKS & RECREATION DEPARTMENT
323 Church Street • Santa Cruz, CA 95060
[p] (831) 420-5270 • [f] (831) 420-5271

Nonprofit Authorization Form

Non-profit organization (to be completed by authorized personnel or board representative)

Name of Organization: _____

Address: _____

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

Non-Profit Tax ID # _____ **Phone:** _____

This document certifies that the Board of Directors or authorized personnel of our non-profit agency **has approved the following individual(s)** to use this agency's non-profit status to make reservations at City of Santa Cruz facilities.

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

List any additional names on back or an attachment.

The authorization of use of this non-profit organization's Tax ID recognizes that:

- allows the aforementioned individuals to sign contracts and make reservations at Parks & Recreation facilities and that;
- the non-profit assumes full liability and responsibility for these reservations as stated within the period of authorization.

This authorization extends until _____ (Not greater than 1 year from today's date)

It is understood and agreed that the applicant assumes all risks for the loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use of the facilities of the City of Santa Cruz; the applicant further agrees that in consideration of being permitted to use said facilities the applicant will save and hold the said City of Santa Cruz and/or their employees free and harmless from any loss, claim and liability or damages, and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy of said facilities. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage sustained by the grounds, building, furniture, or equipment occurring through the occupancy of said facilities by the applicant.

As the representative of this event, I agree that while I/we use this facility, I/we will not discriminate on the basis of disability. I, the undersigned, have read, and agree to abide by the rules and regulations for the facility use as listed on supplemental materials. The terms of this agreement may not be altered or amended unless the undersigned and the City of Santa Cruz agree in writing to such an alteration or amendment. This agreement may not be orally amended or altered.

Signature _____ Date _____

Title _____