

2012 Baseball Request Form

Name of Applicant: _____ Title: _____

Organization: _____

Address: _____

Telephone: (Work) _____ (Cell) _____

E-Mail: _____

Dates Requested _____ 1 Game Time: _____ Opponent _____

_____ 2. Game Time: _____ Opponent _____

What is your anticipated attendance? _____

Who is your on-site contact person & Cell #: _____

DSC License Agreement :

Stadium Fees: Base Fee: \$200 In State teams// \$250 Out of State Teams. Fees include Stadium and Scoreboard Operator. Please check if you want the following services:

Announcer Add \$50 _____, Rock Vision Board Add \$75, _____ and EMT Add \$75 _____.

Total \$ _____

License Agreement: The complete license agreement must be signed and specify what services you want.

Insurance: Verification for general liability coverage at a minimum limit of \$1,000,000 per occurrence. List the DSC and the Wilmington Blue Rocks Inc. and the Wilmington Blue Rocks, LP on the certificate of insurance.

Hold Harmless Agreement: Must be signed and returned with this agreement.

Police: DSC may request applicant to provide police coverage at applicant's expense.

Stadium Monitors: DSC may request a specified number of stadium monitors or parking attendants.

Emergency Vehicle: DSC may request applicant to provide an ambulance at applicant's expense.

Food and Beverage Services: Provided by Management for all events, if attendance warrants it.

Cancellation Policy: DSC reserves the right to postpone or cancel any event if, in the sole discretion of DSC, weather conditions, field conditions, or other unforeseen circumstances or occurrences, including but not limited to fire, casualty, strikes, labor disputes, war, acts of God, or other events of force majeure, render DSC'S fulfillment of this License Agreement difficult or impossible to perform.

Signature

Date

