



**Saratoga Springs Recreation Department**  
**Application for Programming**  
 15 Vanderbilt, Saratoga Springs, NY 12866  
 Tel: (518) 587-3550 ext. 2300

**Applicant Name:** \_\_\_\_\_ Saratoga Rec Dept \_\_\_\_\_  
**Applicant Address:** \_\_\_\_\_  
**Applicant Telephone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Name of Proposed Program:** \_\_\_\_\_ Sandlot Baseball Co Sponsored with Saratoga/Wilton Babe Ruth \_\_\_\_\_  
**Skill Level of Proposed Program:** (Basic – Advanced) \_\_\_\_\_ Basic \_\_\_\_\_

**Description of Proposed Program Including Proposed Goals and Objectives:** *(Please attach documentation of the proposed activity showing as much detail as possible describing what the program's goals and objectives are.)*

Sandlot baseball will be a co-sponsored program with Saratoga-Wilton Babe Ruth to offer players the change to play after the spring season in a non completeive, fun baseball program. This will be a city program which the city will register participants, collect the participant fees, and promote the program the same as any other program. Babe Ruth will supply the volunteer coaches, equipment, and also promote. The revenue generated from the program will be split between the City and Saratoga/Wilton Babe Ruth. The Babe Ruth portion of the revenue will be deducted from their regular season field. I.E. if the program generates \$1000, \$500 will be deducted from Babe Ruth's 2015 Field fee invoice(s).

**Equipment Utilized for this Program:** *(If you will be using your own equipment for this program, you will be required to provide proof of Commercial General Liability Insurance in the amount of One (1) Million Dollars per Occurrence with a Two (2) Million Dollar Aggregate naming the City of Saratoga Springs as an Additional Insured upon approval of your program application.)* Each participant will be requested to bring their own glove and helmet, and if they have their own bat as well. Babe Ruth will provide the balls.

**Are there any special requirements for this program? If yes, what are they?** N/A  
**Are there any safety requirements for this program? If yes, what are they?** Baseball gloves, Helmets.  
**Are there any special clothing requirements for this program? If yes, what are they?** \_\_\_\_\_  
 Please wear non metal cleats. Please bring water. Will be running on open field

**Proposed Length of Program:** (Days, Weeks, Months) \_\_\_\_\_ 4 weeks  
**How many times per week will this program take place?** \_\_\_\_\_ 2  
**Which times/days of the week are you proposing for this program?** Mondays and Thursdays 5:30-8:30pm  
**Time needed for set up and cleanup:** \_\_\_\_\_ 15 min before and after  
**Anticipated Number of Participants:** \_\_\_\_\_ 40  
**Anticipated Age Range of Participants:** \_\_\_\_\_ 14-16yrs

**How much will each participant be charged for the program?** City \$50, School Dist \$50, Non-city/school \$70\_

**What fee are you requesting to be paid for your services for this program?** \$0  
*(Please note that you will be required to obtain proof of NYS Statutory Workers Compensation or a waiver of same for your services for this program.)*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Required Approvals/Dates:</b> <i>(If rejecting, please indicate reasons.)</i></p> <p>Program Coordinator/Date: Approve/Reject _____</p> <p>Recreation Program Committee/Date: Approve/Reject _____</p> <p>Recreation Commission/Date: Approve/Reject _____</p> <p>Risk and Safety Management/Date: Approve/Reject _____</p> <p>City Attorney/Date: Approve/Reject _____</p> <p>City Council/Date: Approve/Reject _____</p>
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Program Name:  
**Sandlot Baseball**

	<b>Number</b>	<b>Budgeted</b>	<b>Projected</b>	<b>Actual</b>	<b>Budget Variance</b>
<b>Income</b>					
Registered Participants @\$50	40	\$0.00	\$2,000.00		\$0.00
Donations (List each donation separately)					\$0.00
Grant Monies (List each grant separately)					\$0.00
Sponsorships (List each sponsorship separately)					\$0.00
<b>Total Income</b>		<b>\$0.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Expenses</b>					
Equipment: Disposable Shirts @\$5	40	\$0.00	\$200.00		\$0.00
Equipment: Fixed Balls, Cones		\$0.00			\$0.00
Independent Contractors Fee					\$0.00
Leasing Fees					\$0.00
Marketing					\$0.00
Miscellaneous Rental Fees					\$0.00
Staffing					\$0.00
Volunteers from Pop Warner		\$0.00			\$0.00
Supplies					\$0.00
Revenue Split with Saratoga/Wilton Babe Ruth			\$1,000.00		
<b>Total Expenses</b>		<b>\$0.00</b>	<b>\$1,200.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Profit</b>		<b>\$0.00</b>	<b>\$800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# City of Saratoga Springs Program Information Form

Name of program/class: Sandlot Baseball Co-Sponsored with Saratoga/Wilton Babe Ruth

Sport code (in Max Registration): \_\_\_2015 Summer Clinic\_\_\_\_\_

Season(s) (in Max Registration): \_\_\_2015 Summer Clinic\_\_\_\_\_

Class/Program runs: Begin date: \_\_\_7/13/15\_\_\_\_\_

End date: \_\_\_8/7/15\_\_\_\_\_

Day of week/Time: \_\_\_\_\_Monday and Thursdays 6-8pm\_\_\_\_\_

Costs: City Resident: \_\_\_\$50\_\_\_\_\_

School District Resident: \_\_\_\$50\_\_\_\_\_

Non-School Resident: \_\_\_\$50\_\_\_\_\_

Ages: Min: \_\_\_14\_\_\_\_\_

Max: \_\_\_16\_\_\_\_\_

Enrollments: Min: \_\_\_30\_\_\_\_\_

Max: \_\_\_60\_\_\_\_\_

Location/Site/Room: \_\_\_East Side Jim King Diamond\_(May vary)\_\_\_\_\_

(if applicable)

## Online Info.:

Join our first recreation Sandlot Baseball program co sponsored by Saratoga/Wilton Babe Ruth. Players will be randomly divided into teams. Each team will play two 1hr games per week on Monday and Thursday evenings. Need water, non-metal cleats, baseball glove.

Coordinator: Recreation Department

Additional information/Special reminders:

Program Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

Revenue Account Code: \_\_\_\_\_

Expense Account Code: \_\_\_\_\_

(account code-MUST HAVE, even if class is no charge)

Office Manger Signature \_\_\_\_\_ Date: \_\_\_\_\_

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Place in Program Binder once complete**