



Saratoga Springs Recreation Department
Application for Programming
 15 Vanderbilt, Saratoga Springs, NY 12866
 Tel: (518) 587-3550 ext. 2307

Applicant Name: _____ Saratoga Rec Dept _____
Applicant Address: _____
Applicant Telephone Number: _____ **Cell Number:** _____
Name of Proposed Program: _____ Youth Flag Football _____
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.*)
 Youth Flag Football will be a co-sponsored program with Saratoga Springs Pop Warner to introduce and teach the children the game. 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. However, Pop Warner will coordinate the on-field activities, provide the equipment, and also promote. The revenue generated from the program will be split between the City and Saratoga Springs Pop Warner. The Pop Warner portion of the revenue will be deducted from their regular season field fee. I.E. if the program generates \$1000, \$500 will be deducted from Pop Warner'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.*) _____ Flags, footballs, cones _____

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? N/A
Are there any special clothing requirements for this program? If yes, what are they? _____
 Please wear active sneakers or non metal cleats. Please bring water. Will be running on open field

Proposed Length of Program: (*Days, Weeks, Months*) _____ 4 weeks July 8-Aug 2 _____
How many times per week will this program take place? _____ 2 _____
Which times/days of the week are you proposing for this program? Wednesdays and Sundays 6:00-7:00pm
Time needed for set up and cleanup: _____ 15 min before and after _____
Anticipated Number of Participants: _____ 50 _____
Anticipated Age Range of Participants: _____ 3 Groups 5/6, 7/8, 9/10 years old _____

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>Required Approvals/Dates: (<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:
Youth Flag Football

	Number	Budgeted	Projected	Actual	Budget Variance
Income					
Registered Participants @\$50	50	\$0.00	\$2,500.00		\$0.00
Donations (List each donation separately)					\$0.00
Grant Monies (List each grant separately)					\$0.00
Sponsorships (List each sponsorship separately)					\$0.00
Total Income		\$0.00	\$2,500.00	\$0.00	\$0.00
Expenses					
Equipment: Disposable Shirts @\$5	50	\$0.00	\$250.00		\$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 Pop Warner			\$1,250.00		
Total Expenses		\$0.00	\$1,500.00	\$0.00	\$0.00
Profit		\$0.00	\$1,000.00	\$0.00	\$0.00

City of Saratoga Springs Program Information Form

Name of program/class: ___ Youth Flag Football _____

Sport code (in Max Registration): ___ 2015 Summer Clinic _____

Season(s) (in Max Registration): ___ 2015 Summer Clinic _____

Class/Program runs: Begin date: ___ 7/8/15 _____

End date: ___ 8/2/15 _____

Day of week/Time: ___ Wednesday and Sundays 6-7pm _____

Costs: City Resident: ___ \$50 _____

School District Resident: ___ \$50 _____

Non-School Resident: ___ \$70 _____

Ages: Min: ___ 5 _____

Max: ___ 10 _____

Enrollments: Min: ___ 10 _____

Max: ___ 100 _____

Location/Site/Room: ___ East Side Football Field _____

(if applicable)

Online Info.:

Join our first recreation flag football program. Players will be divided into 3 age groups: 5/6, 7/8, 9/10. Practices will be Wed and games will be on Sun. Games are 2 20 minute halves. Need water, sneakers or cleats

Coordinator: Chris Martin, SS Pop Warner

Additional information/Special reminders:

Co Sponsored program with Pop Warner. 50/50 split in generated revenue.

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