



REVOCABLE LICENSE FOR USE OF MUNICIPAL FACILITIES IN THE CITY OF SARATOGA SPRINGS

This License Agreement, dated the _____ day of _____, 2014, is entered into between the City of Saratoga Springs, 474 Broadway, Saratoga Springs, New York, 12866 (hereinafter "City") and _____ (along with any member of Licensee's group, members, officers, agents, employees, or any guest, collectively, hereinafter "Licensee"), who hereby agree as follows:

Licensee Group Name: _____

Licensee Address: _____

Licensee Primary Contact for This Agreement: _____ **Title:** _____

Licensee Telephone No.: _____ **Licensee Fax No.:** _____

E-Mail: _____

City Facility to be Leased: _____ **Rate:** _____

Payment Schedule: (Please note that non payment of any fee, cost or change shall result in the immediate termination of this agreement. New licensees must make their initial payment prior to the first scheduled time.) _____

This Revocable License Agreement shall not grant to the Licensee the exclusive use of the City property. The provisions of Paragraphs 3 and 4, regarding insurance and indemnification, shall survive the termination of this Revocable License Agreement. Licensee may not assign this Revocable License Agreement or its right, title, or interest thereto without the prior written consent of the City. No modification or amendment of this Revocable License Agreement shall be valid unless in writing and signed by the City. In entering into this Revocable License Agreement Licensee acknowledges and agrees that nothing herein shall be construed as creating any right or ownership interests in the City property. This Revocable License Agreement shall solely constitute permission to Licensee to gain access to the City property at the times and for the purposes set forth herein.

1. **ASSIGNMENT:** This Agreement cannot be assigned by the Licensee without the express written consent of the City.
2. **CANCELLATIONS:** Licensee is required to provide ten (10) business days notice of any cancellation, otherwise time shall be billed at the regular rate. The City reserves the right to cancel this Agreement at any time in event of default or violation by the Licensee of any provision of this Agreement. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.
3. **TIMES AND DATES:** Licensee shall finish at or before their scheduled time. This includes removing all supplies, personal property and equipment. Licensee must vacate the premises within thirty (30) minutes after their scheduled time has ended. An overtime staff fee of one (1) hour shall be added to Licensee's fee for any overtime incurred as a result of a breach of the terms of this paragraph. The charge shall be made in 15 minute increments until the organization is off the premises.
4. **VENDOR SALES:** Licensee shall not vend, or allow vendors, to sell or take orders for products or services, including, but not limited to, food, equipment, souvenirs or related items, on the premises without first having obtained the prior written permission of City and obtained permits as necessary.
5. **ALCOHOLIC BEVERGES:** No alcoholic beverages are allowed on City grounds without prior written approval from City. Illegal drugs are not permitted on City grounds at any time. Violation of these conditions shall be cause for immediate revocation of this License Agreement.
6. **PROGRAM INFORMATION:** Licensee shall provide a statement detailing the program and plans of the proposed gathering to accompany this Revocable License Agreement. Licensee must provide a representative who shall be identified in advance and shall be on-site during the entire event, and who shall be responsible for each activity scheduled.
7. **INDEMNIFICATION:** The Licensee assumes all risks in the performance of all its activities authorized by this Agreement. Licensee shall reimburse the City for any and all damage or injury to any real or personal property of the City that may arise, directly or indirectly, from the negligence, acts, or omissions of the Licensee. The Licensee hereby covenants and agrees to defend, indemnify and hold harmless the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and assigns against all liabilities, claims, suits, actions, judgments, costs, expenses, demands, losses, damage or injury, arising out of this agreement, of whatsoever kind and nature including death or injury to person, damage or loss of property, all attorneys' fees and other costs of investigating and defending against such claims, liabilities, losses, damages, expenses, accidents or occurrences. The Licensee shall be responsible for such liabilities that arise at any time prior to termination of this Agreement, whether direct or indirect, and whether caused or contributed to by the Licensee, its contractors, subcontractors, agents, or employees. The Licensee's responsibility under this section shall not be limited to the required or available insurance coverage.

Licensee _____/Date _____ City _____/Date _____

8. **INSURANCE:** Licensee shall provide a Certificate of Insurance naming the City of Saratoga Springs and, where applicable, the Saratoga Springs School District as an Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent evidencing Commercial General Liability: \$1,000,000 per occurrence \$2,000,000 aggregate including completed products and operations and personal injury liability insurance and One Million Dollars (\$1,000,000) Excess Insurance must both be provided upon execution of this agreement. The Certificate naming the City of Saratoga Springs as Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent shall be addressed to the attention of: Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866. The insurance must be from an insurer that has an A.M. Best Rating of "A-" or better and is admitted in the State of New York. The Certificate naming the Saratoga Springs School District as an Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent should be addressed to the Business Manager, Saratoga Springs School District, Three Blue Streak Boulevard, Saratoga Springs, NY 12866. Licensee acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to City.
9. **SPECIAL CONDITIONS:**
- A _____ deposit against damage must be payable to the Commissioner of Finance paid to the Department with the agreement. Any portion thereof not needed to repair damage shall be returned to Licensee in accordance with City policy.
 - No domestic animals or pets shall be permitted on City grounds. Service animals are allowed.
 - Licensee shall not make or permit any disturbing noises on the premises. Licensee shall not interfere with the rights, comfort, or convenience of other licensees.
 - IN CASE OF AN EMERGENCY – DIAL 911. Medical staff and Emergency First Aid Treatment are NOT provided by the City. Emergency help can be summoned if needed. If required, arrangements should be made by Licensee to have appropriate personnel on the grounds.
 - Rest Rooms and other facilities shall not be used for any purposes other than those for which they were intended. The cost of repairing any damage resulting from misuse of any Rest Rooms or other facilities shall be paid for by Licensee.
 - Nothing shall be attached to, or hung from, the interior or exterior of any building without prior written approval of the City.
 - No vehicle belonging to Licensee shall be parked in any area except those specifically designated for parking. Arrangements for unloading and loading any belongings or materials brought into the City grounds shall be made, along with any "Special Parking" needs, by the Facilities Manager. No vehicle shall be operated other than on established roads and driveways.
 - No open flames shall be allowed on the premises.
 - This Revocable License Agreement shall not grant to the Licensee the exclusive use of the City property.
 - All trash and garbage must be carried out by Licensee. All deep fryer oil is the sole responsibility of the organization and MUST BE PROPERLY DISPOSED OF AT THE END OF EACH DAYS USE.
 - If your organization shall be providing food or operating a concession stand or any concession, your organization must obtain a New York State Department of Health Permit. Permits can be obtained through the New York State Department of Health Glens Falls District Office, 77 Mohican Street, Glens Falls, New York 12801 (518) 793-3893 or fax # (518) 793-0427. Original permits must be posted conspicuously during operation.
 - Licensee does not provide CD players or music. Any CD player and connectors provided by Licensee must be compatible with the existing City Music Systems within each recreation facility. Licensee is solely responsible for security and storage. There is no PA System or Music System at the Recreation Fields or Saratoga Springs Recreation Center. Licensee hereby warrants that it owns or has permission to use any copyrighted music and agrees to defend, indemnify and hold Licensor and its Agents and Employees harmless against any and all claims, losses, damages or liabilities, including reasonable legal or other expenses incurred in connection with the defense of any actions, relating to the infringement or alleged infringement of copyright.

This Revocable License Agreement can be revoked by the City for any violation of it's terms and/or conditions hereof by Licensee in which event Licensee shall vacate the City premises within one (1) hour upon receipt of verbal or written notice of such termination.

No failure or delay on the part of the City in exercising any right, power or remedy hereunder shall operate as a waiver thereof. No single or partial exercise of any such right, power or remedy shall preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The remedies provided for herein are cumulative and are not exclusive of any remedies that may be available to any party at law or in equity or otherwise.

This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by "Licensee". The Licensee agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this contract. The City and the Licensee hereby irrevocably consents to the personal and subject matter jurisdiction of the federal and state courts of the State of New York.

DESIGNATED AGENTS:

OF LICENSOR:

Mayor: _____ Date: _____

OF LICENSEE:

Licensee Signature: _____ Date: _____

Print Name: _____ Title: _____

Licensee/Applicant Name: _____ Email Address: _____

Website: _____ Purpose for Use: _____

Select all SITES that apply _____ OTHER (specify site and facility) _____

___ Weibel Ice Rink ___ Vernon Arena ___ North Side Rec. Field ___ Hawthorne Courts
___ Veterans Memorial Park (formerly Geyser Park) ___ East Side Rec ___ West Side Rec ___ Recreation Center

Select all FACILITIES that apply

___ Playground ___ Interactive Spray Fountain ___ Tennis Courts (#)___ ___ Outdoor Basketball Cts(#)_

___ Softball Diamond ___ Softball D #1 ___ Softball D #2 ___ Softball D #3 ___ Softball D #4

___ Baseball Diamond ___ Jim King Diamond ___ Big ES Baseball Field ___ Jim King Outfield

___ LL Major ___ LL Minor ___ LL Bantam ___ LL T-ball ___ Soccer Field ___ Football Field

Junior High Court* ___ Court 1 ___ Court 2 ___ Court 3 ___ Court 4

Collegiate Courts* = two Jr. High Courts ___ Collegiate Court 1 = JR CT1/2 ___ Collegiate Court 2 = JR CT 3/4

___ Conference Room ___ Game Room (not exclusive) ___ Kitchen/Concession Stand

Primary Contact Person's Name: _____ Address: _____

Telephone Numbers: (Daytime) _____ (Evening) _____ (Fax) _____

(Cell Phone #): _____ E-mail Address: _____

Scheduler's Contact Name: _____ Address: _____

Telephone Numbers: (Daytime) _____ (Evening) _____ (Fax) _____

(Cell Phone #): _____ E-mail Address: _____

Billing Contact Person's Name: _____ Address: _____

Telephone Numbers: (Daytime) _____ (Evening) _____ (Fax) _____

(Cell Phone #): _____ E-mail Address: _____

Dates and Hours Requested including but not limited to Practices & Games Schedule (Attach additional pages as needed: _____

List all required amenities:

___ Electricity ___ PA System (Ice Rink) ___ Sideline Markers (Fields)

___ Scoreboard ___ field lights ___ rest/locker rooms ___ Concessions

___ Penalty Boxes ___ Scorekeepers/Announcer box ___ Referee Room

___ Other (Please specify) _____

Are you charging for admission? What will funds be used for? _____

TO BE COMPLETED BY CITY PERSONNEL:

Certificate of Insurance attached: YES ___ NO ___

Fees Charged: _____

Initial Deposit Amount: _____

Schedule Attached: YES ___ NO ___

City Personnel Signature/Date: _____

* For Use of East and West Recreation Complexes Only *



CITY SCHOOL DISTRICT REQUIREMENT
CERTIFICATE OF LIABILITY INSURANCE

OP ID: NW

DATE (MM/DD/YYYY)

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

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

| | | |
|---|-------------------------------|----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, Hx, Ext): | FAX (A/C, No): |
| | E-MAIL: | |
| | ADDRESS: | |
| | PRODUCER: | |
| | CUSTOMER ID#: | |
| INSURED <i>YOUR ORGANIZATION'S INFO HERE</i> | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: | NAIC # |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION 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 | ADOL (INSR) | SUBR (WVG) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------|------------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | X | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | N/A | | | WC STAFF-TORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ |

Saratoga Springs City School District is an Additional Insured on a primary and noncontributory basis as required by written contract. Attach CG 20/26.

| | |
|--|---|
| CERTIFICATE HOLDER Saratoga Springs City School 3 Blue Streak Blvd Saratoga, NY 12866-5967 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Ronald W. Gray</i> |

2011 REQUIREMENT

→ CG 20/2L FORM ←

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK POLICY CHANGES

Insured's Name:

Endorsement Effective Date:

Policy Number

Endorsement Number:

Coverage Parts Affected:
General Liability

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured:

The following item(s):

- | | |
|--|--|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Payment Plan |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Premium Determination |
| <input checked="" type="checkbox"/> Additional Insured | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Description of Covered Premise, Location, Auto, Equipment |
| <input type="checkbox"/> Auto Addition/Deletion | <input type="checkbox"/> Property, Equipment Addition/Deletion |

In consideration of a no change in premium, it is hereby understood and agreed:

Form CG 20 26 (11/85) TIS, "Additional Insured - Designated Person or Organization, is added as per the attached and now forms a part of the policy.

All other terms and conditions remain unchanged.

The above amendments result in a change in the premium as follows:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Changes | <input type="checkbox"/> To Be Adjusted at Audit |
| <input type="checkbox"/> Additional Premium | <input type="checkbox"/> Return Premium |

→ CG 20/26 FORM ←

**ADDITIONAL INSURED – DESIGNATED PERSON
OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Saratoga Springs City School District, NY

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

City of Saratoga Springs - Interactive Water Play Fountain Rules

Hours of Operation 10AM to dusk

- NYS Sanitary Codes are strictly enforced
- This is a Tobacco Free Recreation Site
- Children must be supervised by an adult
- Children who are not toilet trained must wear a swim diaper covered by rubber pants
- Bathing suits must be worn at all times
- Horseplay is prohibited.
- No inflatable objects, bubbles or balls allowed
- Dangerous play is prohibited.
- No animals in or near water park
- Service Animals are allowed
- Please walk – Running is not allowed.
- No glass containers or food or beverages
- No Littering – Please utilize Trash receptacles provided
- Please brush off any sand, grass clippings, engineered wood fiber, etc. before entering
- No cleats, skateboards, bikes, scooters or skating
- Do not sit on spray heads or drains
- NYS Health Law prohibits urinating, discharge of fecal matter, spitting or blowing your nose into the spray area.

City of Saratoga Springs – Additional Field Rules

A game or practice slot for baseball/softball will be considered 2 ½ hours. If you need a longer time slot, prior notification must be in writing for written permission. If a game runs longer than 2 ½ hours from its scheduled start time, a team will stop the game/practice at its scheduled time, i.e. 4 pm start, 6:30pm end, 5 innings min, if it conflicts with another team and/or causes overtime.

Organizations that utilize any buildings on City property must receive prior approval and supply a copy of keys to the City. Organizations that utilize any buildings on School District property must supply a copy of keys to the City for the School District and receive prior approval.

A designated representative from your organization shall be responsible for checking the facilities to be utilized for your day or evening event for any physical plant deficiency. Should a deficiency exist, your organization must notify a City Recreation representative in writing of the deficiency and the City will remedy the issue accordingly in a timely fashion.

The City of Saratoga Springs DPW shall decide whether or not an event shall be held in inclement weather. The City of Saratoga Springs reserves the right to close any field due to poor field conditions. Groups, organizations or individuals failing to honor any field closure are subject to a revoking of their field usage and removal from the premises. It is the responsibility of the field user(s) to know the status of any given field. For field closure information, call our office at (518) 587-3550 x2300.

Each organization shall be responsible for the purchase of sport activity equipment including bases, pitching rubbers, home plates, soccer goals, etc. These equipment purchases must be pre-approved by the Recreation Commission for use in City owned and/or maintained fields and facilities.

All organizations (except City School District, and Recreation Department sponsored programs) will be responsible for lining fields on weekends.

If a game is needed not during a regular season, an additional setup surcharge will be assessed based on Department of Public Works cost, i.e. lacrosse in the fall or football in the spring. In a case of a conflict between user groups, the City of Saratoga Springs Recreation Department schedule will take precedence.

City of Saratoga Springs

RECREATION DEPARTMENT FEES - 2014: Field User Agreement Fees

Field/Facilities in this Rate Fee Include

East Side, West Side, South Side, North Side Fields, Veteran's Memorial Park, Geyser Park
 All practice and game schedules must be submitted to the recreation department prior to using any field/facility

| DESCRIPTION | FEES |
|--------------------|-------------|
|--------------------|-------------|

Field Use Fee

Includes Practices and Games

Small Fields- East & West Side: Major, Minor, Tee ball and Bantam; Veterans Memorial Softball Fields

| | |
|--|-----------|
| Hourly Rate: School District User Group | \$ 2.00 |
| Non School District User Group/Adult/Business/For-Profit | \$ 5.00 |
| Tournament Fee: Per Day per Site Fee | \$ 125.00 |

Games will be scheduled in 2hr blocks unless organizations arrange otherwise with Rec Dept. in writing.

Large Fields- East Side: Jim King, Big Baseball, Football; West Big Field, Veterans Memorial Baseball Field

| | |
|--|-----------|
| Hourly Rate: School District User Group | \$ 15.00 |
| Non School District User Group/Adult/Business/For-Profit | \$ 20.00 |
| Tournament Fee: Per Day per Site | \$ 175.00 |

Games will be scheduled in 2 1/2hr blocks unless organizations arrange otherwise with Rec Dept. in writing.

Other Fields- Depending on the program request, other field locations will be categorized as a Small Field or Large Field. IE North Side Soccer or Lacrosse. \$ Varies

Additional Fees

| | |
|--|----------|
| Light Fee per game/practice (2 1/2 hour limit) | \$ 50.00 |
| DPW Overtime Set-up Fee on Mondays & Tuesdays | \$ 45.00 |
| Port-A-John Tournament Fee-one per site/per day required | \$ 40.00 |
| Surcharge Fee added if Organizations do not Clean up after games/practices | \$ 50.00 |
| "No Show Fee" must be paid within 5 business days | \$ 50.00 |

Field Rental Fees for Camp Programs

| | |
|--|-----------|
| For Profit Organizations for five weekdays fee | \$ 325.00 |
| Not-For-Profit Organizations for five weekdays fee | \$ 200.00 |

Tennis and Court Rental Fee

| | |
|------------------|----------|
| 1 court per hour | \$ 10.00 |
|------------------|----------|

Payment Schedule

Initial Fee to be paid with signed user agreement before a schedule is accepted.

All Additional Fees must be Pre-Paid before field/facility usage.

| | |
|--|----------|
| Hourly Overtime charge must be paid within 5 business days | \$ 15.00 |
| Returned check fee | \$ 25.00 |

The Saratoga Springs City School District Teams will not be charged for field usage on East & West Side Fields due to the fact that they owned the fields.