

# ITEM

## 18-046

To hold a Public Hearing to consider and act on Mass Gathering Permit for the Cumberland/North Yarmouth Youth Lacrosse Boys Jamboree Tournament to be held on June 9<sup>th</sup>, 2018, at Twin Brook.



## MEMORANDUM

To: William Shane, Town Manager

From: Tamara O'Donnell, Deputy Town Clerk

Re: Boys Jamboree Lacrosse Tournament, June 9 & 10, 2018

I held a meeting at 10:00 a.m., on Tuesday, April 3, 2018, with Mr. Johnathan Becker Representative for Cumberland Boys and Girls Youth Lacrosse, Fire Department Representative Patty Normandeau, Police Chief Chip Rumsey, Deputy Town Clerk Eliza Porter, and Assistant Recreation Director, Peter Bingham.

I reviewed in detail the requirements of the Mass Gathering Ordinance with Mr. Becker. The following represents our mutual understanding:

- The tournament hours on Saturday, June 9, 2018, will be 8 a.m.-5 p.m. Attendance is estimated to be around 750-800.
- The tournament hours on Sunday, June 10, 2018, will be 12:30 p.m.-4:30 p.m. The attendance on Sunday is expected to be well below the 500 threshold required for the Mass Gathering Permits.
- There will be one Police Officer on duty from 10:00 a.m.-2:00 p.m. on Saturday, June 9, during the busiest times for game turnover and traffic.
- There will be 1 EMT, 1 Rescue personnel on site, on Saturday, June 9, from 9:00 a.m.-3:00 p.m.
- The Lacrosse Boosters will be running the Snack Shack.
- Recreation staff will be on site during the event.
- Communication will be by cell phone between all parties.
- Insurance certificate is attached.
- Contact person for this event is Johnathan Becker, 347-9476.

I believe that we have covered in full, all of the details required for this event. Mr. Bingham and his staff have done a terrific job managing this event in past years, and Mr. Becker has several years of experience. I have attached our new Mass Gathering Event Public Safety Sign-Off Sheet with the estimated Public Safety costs based on the event numbers and hours provided to us.

I wish the Lacrosse Club another successful event, and hope for sunny, warm days.

Best Regards,  
Tammy



**TOWN OF CUMBERLAND**  
**MASS GATHERING EVENT SAFETY SIGN-OFF**

Date of event June 9<sup>th</sup> & 10<sup>th</sup>, 2018

Name of event Boys Lacrosse Jamboree

Location of event Twin Brook

Estimated attendance 750

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Police Chief recommendation for event coverage: 1 Officer, 4 hr. detail

10 a.m. - 2 p.m.    \$ 59.08/hr.

Police event coverage cost:    \$ 236.32

Fire Chief recommendation for event coverage: 1 Rescue / 1 EMT

9 a.m. - 3 p.m.

Fire Department event coverage cost:    \$ 305.28

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Total safety cost for event coverage:    \$ 541.60

**\*This is a cost estimate based on the numbers you provided. If the event changes & additional staff is required, costs will increase.**

Event Coordinator Signature: \_\_\_\_\_

## TOWN OF CUMBERLAND

Publication Dates: \_\_\_\_\_  
Publication Names: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Date Ordinance Received: \_\_\_\_\_  
Issued: \_\_\_\_\_  
Denied: \_\_\_\_\_

### Mass Gathering Application-Minor Large Outdoor Event (500-4,999 persons)

This application **must be filed with the Town Clerk not less than 60 days** before the date of the event.  
Application must be accompanied by a non-refundable fee of **\$250.00**.

Name of Applicant: Cumberland/North Yarmouth Youth Lacrosse

Address of Applicant: 66 Schooner Ridge RD.

Name of Event: Girls Round Robin on May 19th and Boys Jamboree on June 9th and 10th

Facility where the event will be held: Twin Brook

Is the facility owned by the applicant: \_\_\_\_\_ yes; ☒ no, (if no, attach a copy of the contract with  
The owner which allows use of property)

Name of promoter (if different from above): \_\_\_\_\_

Telephone number: 207-347-9476

May 19th (20th Rain date) and June 9th and 10th  
Date of Event: \_\_\_\_\_ Time (start and finish times): 8-5PM

Number of tickets available: \_\_\_\_\_

Expected attendance: 200 for May 19th and 500 for June 9th and 10th

Description of event: \_\_\_\_\_

Youth Lacrosse Tournament throughout the day. Total spectators for the day are expected, not all at one time

Will any food vendors be serving at the event: ☒ yes, \_\_\_\_\_ no, (if yes, how many, and  
what types) \_\_\_\_\_

High School Boosters will run concessions at both events from the barn: drinks, pizza and hot dogs

Will any alcohol vendors be serving at the event? \_\_\_\_\_ yes, ☒ no (if yes, list name and attach  
A copy of the vendors license to sell alcohol, describe what alcohol will be served) \_\_\_\_\_

\* Boys is two day tournament, June 9+10 Sunday is from 12:30-4:30pm  
but does not meet the size or  
criteria of Mass Gathering  
Only Saturday June 9 does PE



Describe the three most recent outdoor performances of the group, performer, or event being proposed. Include location, date(s), number in attendance, promoter or sponsoring person or organization.

1. Round Robin and Jamboree for last three years: 2015, 2016 and 2017
2. \_\_\_\_\_
3. \_\_\_\_\_

**Description of facility:**

- A. Seating capacity: \_\_\_\_\_ permanent; \_\_\_\_\_ temporary
- B. Other seating capacity: \_\_\_\_\_ festival; ☒ standing room only (sq. ft.)
- C. Number of toilets available: \_\_\_\_\_ permanent; 4 portable
- D. Number of parking spaces available: 200 on-site; \_\_\_\_\_ off-site
- E. Are all parking lots lighted (applicable only if event runs into evening hours: \_\_\_\_\_ yes;  
☒ no, if no, which lots are not lighted \_\_\_\_\_
- F. Source of potable water: At shed
- G. Refuse containers available, number and size: yes throughout twin brook = 20
- H. Name of refuse disposal company (attach a copy of the agreement to pick up refuse)  
\_\_\_\_\_
- I. When will refuse be picked up? Twin Brook will be picked up - refuse to the dumpsters

**Public Safety:**

- J. Describe first aid facilities: Cumberland EMTs on site
- K. Describe emergency facilities: Cumberland EMTs on site
- L. Describe communication facilities: cell phones from all coaches
- M. Number of certified police officers: At least 1
- N. Other security personnel (include company name and qualification): \_\_\_\_\_
- O. Describe fire personnel: Cumberland Fire Dept

**Other:**

- P. Name of liability insurance Markel  
Amount of coverage \$1mm; amount of property insurance \_\_\_\_\_
- Q. Preferred type of performance guarantee (i.e. escrow account, irrevocable letter of credit)  
\_\_\_\_\_

  
Jonathan Becker

\_\_\_\_\_  
Authorized Signature

On 3-22-2018 (date), I received a copy of the Cumberland Mass Gathering Ordinance.

\_\_\_\_\_  
Authorized Signature

I certify that the team, league, or event on whose behalf I am requesting this certificate mandates 100% membership in US Lacrosse. In addition, I have verified our team's or league's events roster and all participants are currently registered members of US Lacrosse. I certify that this is true and I understand that liability coverage is only extended to our team, league, or event if all participants are current members of US Lacrosse. Further, I acknowledge by clicking on this box that event liability claims may be denied for coverage if our team/league/event is not 100% registered with US Lacrosse.

Name: Jonathan Becker

Organization: Cumberland/North Yarmouth Youth Lacrosse

Date: 03/22/2018





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/22/2018

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**  
BOLLINGER, Inc.  
150 JFK PARKWAY, 4TH FLOOR  
PO Box 390  
SHORT HILLS, NJ 07078  
PHONE: 1-800-446-5311 FAX: 973-921-8474

**CONTACT NAME:**  
**PHONE**  
(A/C, No. Ext): 800-446-5311 **FAX**  
(A/C, No.): 973-921-8474  
**E-MAIL ADDRESS:**

**INSURED**  
US Lacrosse, Inc.  
2 Loveton Circle  
Sparks, MD 21152  
Re: Cumberland/North Yarmouth Youth Lacrosse

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Markel Insurance Company	38870
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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participants Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			8502AH221369	01/01/2018	01/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			4602AH221370	01/01/2018	01/01/2019	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Accident Medical</b> <b>Catastrophic Acc</b>			4102AH025220 4102AH305882	01/01/2018 01/01/2018	01/01/2019 01/01/2019	Accident Limit: \$100,000 Catastrophic Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage applies to teams/leagues comprised of 100% US Lacrosse members participants during scheduled and supervised Lacrosse activities.

**CERTIFICATE HOLDER****CANCELLATION**

Cumberland/North Yarmouth Youth Lacrosse  
66 Schooner Ridge  
Cumberland Foreside, ME 04110

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

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