

2008

**SUMMARY OF EVENT**

**DESCRIPTION**

**Event Title** AVP CROCS SLAM SAN DIEGO

**Description** *(This should be promotional in nature and cannot exceed 300 characters)*  
The World's Biggest Beach Party is invading San Diego on August 1st - 3rd for the AVP Pro Beach Volleyball Crocs Slam San Diego. Don't miss the action as some of the world's greatest athletes compete for the San Diego title.

**Admission** *(Information cannot exceed 300 characters)*  
Please purchase tickets at www.avp.com  
Courtside seats - \$40.00 per session  
General Admission - \$20.00 per session  
Full Event packages are available.

- Event Category**
- Athletic/Recreation
  - Exhibits/Misc.
  - Festival/Celebration
  - Parade/Procession/March
  - Concert/Performance
  - Farmer/Outdoor Market
  - Museum Special Attraction
  - Dance
  - Circus
  - Carnival

**Anticipated Attendance** Total \_\_\_\_\_ Per Day 300

**Anticipated Participants** Total \_\_\_\_\_ Per Day 128

05 MAY 30 PM 4:31

**DATE/TIME**

<b>Setup</b>	Date <u>7/28/08</u>	Time <u>8:00 am</u>	Day of Week <u>Monday</u>
<b>Event Starts</b>	Date <u>8/1/08</u>	Time <u>9:00 am</u>	Day of Week <u>Friday</u>
<b>Event Ends</b>	Date <u>8/3/08</u>	Time <u>6:00 pm</u>	Day of Week <u>Sunday</u>
<b>Dismantle</b>	Date <u>8/5/08</u>	Time <u>6:00 pm</u>	Day of Week <u>Tuesday</u>

**Location**  
**Description** *(Information cannot exceed 300 characters)*  
Mariner's Point - W. Mission Bay Drive San Diego, 92109



**SUMMARY OF EVENT**

**NEIGHBORHOOD REGION**

*(Select one or more)*

- Central San Diego (includes Gaslamp & Balboa Park)
- Eastern San Diego
- Mid-City San Diego
- Northern San Diego (includes Mission Bay Park)
- Southeastern San Diego
- Southern San Diego
- Western San Diego
- Northeastern San Diego

**CONTACTS**

**Host Organization**

AVP PRO BEACH VOLLEYBALL TOUR

**Professional Organizer**

N/A

**Public Contact** *(Required)*

Name: DAVE WILLIAMS

Telephone: (310) 426-8000

**Non-Public Contact**

*(Required for internal use only)*

Name: Dave Williams

Telephone: (310) 347-8343

**Media Contact**

*(If different than Public Contact)*

Name: Crystal Fukomoto - BZA Public Relations

Telephone: (310) 733-9840

**Vendor Contact**

*(If different than Public Contact)*

Name: Martha Gibbings

Telephone: (310) 426-7121

**Web Address**

www.avp.com

**Yes No**

Is this an annual event? How many years have you been holding this event? 4

Is your event part of a larger marketing campaign (i.e. *Buds 'n Blooms, San Diego for the Holidays, etc.*)?

If yes, please list

AVP CROCS TOUR 2008

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization AVP PRO BEACH VOLLEYBALL TOUR, INC.

Chief Officer of Host Organization Leonard Armato

Applicant Name Dave Williams

Address Street 6100 Center Drive, suite 900

City Los Angeles

State CA

Zip 90045

Telephone Day 310-426-8000

Evening \_\_\_\_\_

Fax 310-426-8010

Pager/Cellular 310-347-8343

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name N/A

Address Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_

Evening \_\_\_\_\_

Fax \_\_\_\_\_

Pager/Cellular \_\_\_\_\_

## ORGANIZATION STATUS/PROCEEDS/REPORTING

**Yes No**

Is the Host Organization a commercial entity?

Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

Are patron admission, entry or participant fees required?  
If yes please provide amounts: \$20 Admission, \$50 participant

Are vendor or other fees required?  
If yes please provide amounts: \_\_\_\_\_

\$ 100,000 Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.  
Please explain how this amount was computed: \_\_\_\_\_

\$ 350,000 Estimated expenses for this event.

\$ N/A What is the projected distribution or net dollar amount the Host Organization will receive from this event?

## SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted in blueprint or CAD format and include but not be limited to:

- An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

## NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

SEE ATTACHMENT.

## SECURITY PLAN

Yes No

- Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization STAFF PRO

Address Street 15272 Newsboy Circle

City Huntington Beach State CA Zip 92649

Telephone Day 714-230-7223 Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Private Patrol Operator License # 10015

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.

~~Applicant will work with local Police Department to develop effective security and traffic plan.~~

## MEDICAL PLAN

Yes No

- Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: \_\_\_\_\_

Medical Services Provider TBD - out to bid.

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.

EMTs will be onsite through out the event. AVP will work with the City of San Diego to develop an emergency/disaster plan that will be forwarded to all appropriate agencies weeks before the event.

## ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

Yes No

- Will there be a Clear Path of Travel throughout your event venue? Please describe \_\_\_\_\_  
\* DETAILED ON SITE PLAN.
- Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe \_\_\_\_\_
- Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe \_\_\_\_\_  
12 portable toilets; 1 ADA accessible toilet.
- Will all food, beverage and vending areas be accessible? Please describe \_\_\_\_\_  
SEE SITE PLAN.
- Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe \_\_\_\_\_  
SEE SITE PLAN.
- If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe \_\_\_\_\_
- If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe \_\_\_\_\_  
INFO Booth will radio for assistance for disabled individuals.
- If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe \_\_\_\_\_  
detailed on signage.

## PARKING AND SHUTTLE PLAN

Yes No

- Will your event involve the use of a parking and/or shuttle plan?

If yes, please describe or provide an attachment of your plan \_\_\_\_\_

SEE ATTACHED SITE PLAN FOR DETAILS

Shuttle plan will be forwarded in the following weeks.

## SAFETY EQUIPMENT

Yes No

- Will your event involve the use of traffic safety equipment?

If yes, please list: \_\_\_\_\_

Equipment Company TBD.

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Equipment Setup: Date \_\_\_\_\_ Time \_\_\_\_\_

Equipment Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

## ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

- Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages 1

Number of Performers/Bands 1

Performer/Band name and music type The AVP Beach Girtz (singer/dancers, pop) + DJ

- Will sound checks be conducted prior to the event?

If yes, Start time 8:00AM Finish time 8:00PM

- Will sound amplification be used?

If yes, Start time 8:00AM Finish time 8:00PM (no later than)

- Do you plan to have a patron dance component to either live or recorded music at your event?

If yes, please describe \_\_\_\_\_

- Please describe the sound equipment that will be used for your event

DJ sound equipment, microphones - 20 amps total. For the concert - 70 <sup>BUDGET,</sup> \*Will not exceed 100 decibels

- Will inflatables, hot air balloons or similar devices be used at your event?

If yes, please describe inflatables signage (CROCS, CUBANO, WILSON). <sup>at 100 feet.</sup>

- Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? <sup>\*\* (NO bottle or can inflatables) replica</sup>

If yes, please describe \_\_\_\_\_

- Will your event include the use of any signs, banners, decorations, or special lighting?

If yes, please describe Sponsor signage, directional signage

- Will there be massage activities at your event?

If yes, please describe For players in player tent. No other massage activities.

- Do your event plans include any casino games, bingo games, drawings or lottery opportunities?

If yes, please describe \_\_\_\_\_

## ALCOHOL

Yes No

Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- Free/Host Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. \_\_\_\_\_  
ID check occurs at the point of service. A non-transferable wristband will be applied on to the patron by the  
server. Patrons are limited to three alcoholic beverages per day. Back of hand is stamped by indelible ink  
stamp.

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## FOOD CONCESSIONS OR PREPARATION

Yes No

Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared \_\_\_\_\_

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Do you intend to cook food in the event area?

If yes, please specify method:

- Gas
- Electric
- Charcoal
- Other (specify) \_\_\_\_\_





## CONCESSIONAIRES

Yes No

- Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used.

CROCS, CUERVO, BUD LIGHT, NAKED JUICE

- Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors.

## PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

- Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets 12

Number of ADA accessible portable toilets 1

If no: Please explain:

Rest Room Company United Rental

Address Street P.O. Box 19633A

City Newark (headquarters) State NJ Zip 07195-0633

Telephone Day 201-531-9200 Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Equipment Setup: Date 7/25/08 Time 8:00AM

Equipment Pickup: Date 8/6/08 Time by 6:00pm

## SANITATION AND RECYCLING

Number of Trash Cans 40

Number of Trash Cans with Lids \_\_\_\_\_

Number of Dumpsters with Lids 2  
(One for every increment of 400 people)

Number of Recycling Containers 20

Sanitation Company LABOR READY, INC.

Address Street (headquarters) PO Box 2910

City Tacoma State WA Zip 98401

Telephone Day 1-877-733-0430 Evening \_\_\_\_\_ Fax 877-733-0399 Pager/Cellular \_\_\_\_\_

Equipment Setup: Date 7/30/08 Time 8:00 am

Equipment Pickup: Date 8/4/08 Time 6:00 pm

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

AVP Ecology Managers will supervise Labor Ready temps in the proper clean-up and removal of recyclables, waste and garbage during and after the event.

## MITIGATION OF IMPACT

Yes No

- Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups.

If no, please explain \_\_\_\_\_

IN PROCESS

- Have you meet with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

If no, please explain \_\_\_\_\_

IN PROCESS

- Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

If no, please explain \_\_\_\_\_

**MARKETING AND PUBLIC RELATIONS**

Yes No

Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe For a detailed marketing description, please  
contact Meg Bruno (Sr. Director of Marketing) at  
310-426-7157.

Will there be live media coverage during the event?

If yes, please describe NOT LIVE - will be filmed and televised one week later - Fox Sports Network

Will media vehicles be parked within the event venue?

If yes, please describe safety plan AVP will work with local authorities  
to develop a complete safety plan (including the location  
of media vehicles) which will be forwarded to all appropriate  
agencies weeks before the event.

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

If yes, please describe Will be monitored onsite by AVP Sponsor-services  
Staff.

**INSURANCE REQUIREMENTS**

Name of Insurance Agency Rand Sports and Entertainment Insurance

Address Street 400 South Atlantic Avenue suite 101

City Ormond Beach State FL Zip 32176-7412

Telephone Day 386-672-4260 Evening \_\_\_\_\_ Fax 386-672-4630 Pager/Cellular \_\_\_\_\_

Contact Name Lynn Thompson

Policy Type Liability Insurance

Policy Amount \$2,000,000/\$4,000,000 excess

Policy Number P0030CP000803




# AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the San Diego Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, County, State, Unified Port District, MTDB, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of San Diego.

Print Name of Applicant/Host Organization AVP PRO BEACH VOLLEYBALL TOUR, INC.

Title Dave Williams, VP of Operations

Signature 

Date 5/22/08

Print Name of Professional Event Organizer n/a

Title \_\_\_\_\_

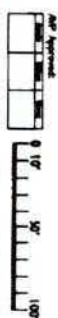
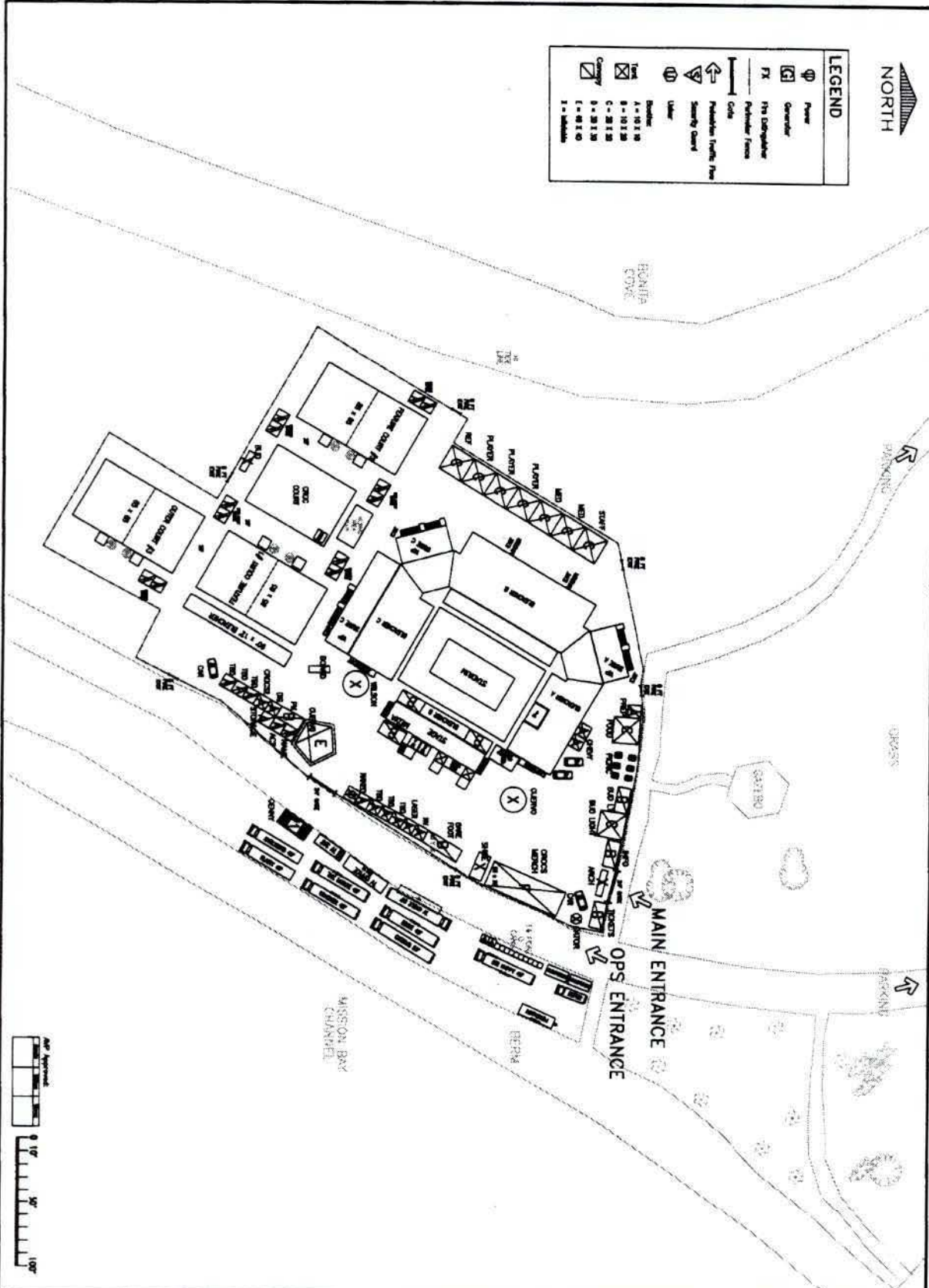
Signature \_\_\_\_\_

Date \_\_\_\_\_





LEGEND	
	Power
	Generator
	RV
	RV Distribution
	Perimeter Fence
	Gate
	Perimeter Traffic Flow
	Security Guard
	Utility
	Drainage
	A-0110
	B-0110
	C-0110
	D-0110
	E-0110
	F-0110
	G-0110
	H-0110
	I-0110
	J-0110
	K-0110
	L-0110
	M-0110
	N-0110
	O-0110
	P-0110
	Q-0110
	R-0110
	S-0110
	T-0110
	U-0110
	V-0110
	W-0110
	X-0110
	Y-0110
	Z-0110



Event Dates:	August 1-3, 2008
Scale:	1/32" = 1'-0"
Drawn by:	Boy/All Services
Sheet #:	A-0
Rev #:	2

# 2008 AVP SAN DIEGO OPEN

Site Plan  
Mariners Point, San Diego, CA

AVP  
5100 Center Dr  
Los Angeles, CA 90045  
310.426.8000

## **AVP CROCS SLAM SAN DIEGO**

### Timeline

- Friday 7/25** Bleachers arrive; fence goes up. Stadium construction begins.
- Monday 7/28** AVP trucks arrive. Sponsor village construction begins.
- Tuesday 7/29** Outer court construction begins.
- Wed. 7/30** Concessionaire arrives and sets up. Portable toilets are set up.
- Thursday 7/31** QUALIFIER (free of charge). Sanitation and Security companies set up.
- Friday 8/1** EVENT
- Saturday 8/2** EVENT
- Sunday 8/3** EVENT
- Monday 8/4** Teardown begins.
- Wed. 8/6** Teardown concludes by 8:00pm.



## **STAFF**

Vendor Pass.