

Rev:09-03

City of Garden Grove Community Services Department 11222 Acacia Parkway, Garden Grove, CA, 92840 Phone: 741-5200 / Fax: 741-5579

# APPLICATION FOR PERMIT TO USE SHOWMOBILE

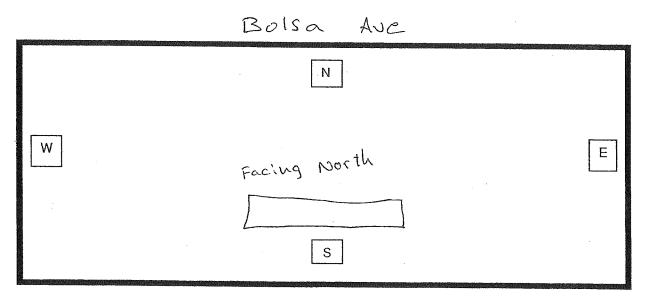
| TODAY'S DATE: 5/3/16 (Please print)   |  |
|---|--|
| Mgo Thien Duc   | NE NUMBER: 714-487-9764                            |
| ORGANIZATION NAME:  | of Vietnam Veteran Association Southern California |
| STREET: 8541 Mac Alpine Rd CITY: Garden G   | rove <sub>ZIP:</sub> 92841                         |
| PURPOSE OF USE: Little Saigon Rock the Vote Conce   |  |
| GARDEN GROVE NON-PROFIT? YES NO (50% or more of men   | nbers must be Garden Grove residents)              |
| DATES OF REQUESTED USE:   |  |
| DAY MONTH/DATE DELIVERY TIME  | PICK UP TIME*                                      |
| 1 5/12 4pm  | 9pm  |
|   |  |
| *Note: Please include one hour of set up time and one   | hour of take down time                             |
|   | CITY: Westminster                                  |
| EVENT LOCATION - STREET ADDRESS: 9200 Bolsa Ave   | CITY: VVCStrimistor                                |
| MAJOR CROSS STREETS: Bolsa/Moran (Please include a drawing of the event location and set up area on the reve  |  |
| I, the undersigned, on behalf of the above-mentioned organization, do here policies governing the use of the show mobile and will specifically accept rethe show mobile, to vehicle and/or equipment caused from use by our organization.  Signed:  Date: | esponsibility for any and all damage to            |
| THIS REQUEST IS NOT CONFIRMED UNTIL APPROVED BY THE COM   | MUNITY SERVICES DEPARTMENT.                        |
| OFFICE USE ONLY   |  |
| APPROVED DENIED   |  |
| INSURANÇE REQUIRED? YES NO INSURANCE API  | PROVED BY:   |
| LOCAL NON-PROFIT: YES NO  |  |
| RENTAL FEE: \$250.00 STAFF FEE: \$TAFF CONFIRMED?   | Tow Payment Confirmation                           |
| SECURITY DEPOSIT: \$ 100.00 PROCESSING FEE: \$  | Date fax'd by City:                                |
| TOTAL FEES DUE: \$ DATE PAID:   | Confirmation of payment:                           |
| STAFF COMPLETING THE APPLICATION:   | Name Date  |
|   | L  |

# GENERAL POLICIES FOR SHOWMOBILE USE

- 1. The show mobile is only available to local non-profits, community service organizations and local government agencies.
- 2. The show mobile will not be transported outside the City limits. (With approval of the Director of Community Services, exceptions may be made for FOCUS Collaborative agencies or other cities with which Garden Grove has a mutual aid relationship.)
- 3. The user is required to provide general liability and property damage insurance as required by the City of Garden Grove Community Services Department.
- 4. Applications must be submitted at least thirty (30) days prior to the event.
- 5. Full payment must be received twenty (20) working days prior to the event.
- 6. Proof of insurance is required twenty (20) working days prior to the event.
- 7. The show mobile will not be allowed to remain overnight at events unless the user provides security through a security firm approved by the City of Garden Grove.
- 8. User may be required to pay the cost of two (2) staff to remain with the show mobile if the City of Garden Grove Community Services Department determines the need for monitoring the use of the show mobile.
- 9. No tape, nails or fasteners of any kind may be used to mount decorations or other items on the show mobile.
- 10. The location for the show mobile use must be reasonably level and accessible.
- 11. User will work with the City-approved towing contractor to schedule pick-up and delivery. Permit will not be issued until City has received payment confirmation.

# Location for Showmobile use.

Please indicate streets, access driveways and placement location. Please include measurements.





# AGREEMENT AND ACCEPTANCE OF LIABILITY REGARDING USE OF CITY OF GARDEN GROVE'S SHOWMOBILE

| Ngo Thien Duc                            | , on behalf of          | The Caskion of Republic of Vestram Verena Association Southern California WISh to                |   |
|--|-------------------------|--|---|
| use the City of Garden Gr                | rove's ("City") Showm   | nobile described in Attachment 1 to  |   |
| this Agreement entitled "                | Mobile Sound Shell      | Model # MSM3200 'Showmaster  |   |
|  |                         | on to use the Showmobile and the   |   |
| •  |                         | perty damage insurance coverage,   |   |
|  |                         | bsolutely liable for any damage  |   |
|  |                         | period of time during which  |   |
| Little Saigon Rock the Vote Concert 2016 | will be using it. Ngo   | Thien Duc accept(s)  |   |
|  |                         | the Showmobile and agrees to   |   |
| reimburse the City for any               | / and all costs associa | ated with repairing such damage.  Tay Ninh Dong Huong Hol - Association of Friends from Tay Ninh |   |
| I represent and warrant                  | t that I am authoriz    | zed to bind "The Coalision of Republic of Vietnam Verteran Association Southern Cashing          |   |
| through this liability agree             |                         |  |   |
|  |                         |  |   |
| - 05/03/2016                             | _                       | •  |   |
| Dated: 05/03/2016                        | By:                     |  |   |
|  |                         | Ngo Thien Duc  |   |
|  |                         | (Name Typed or Printed)  |   |
|  |                         | (Title Typed or Printed)   |   |
|  |                         | Tay Ninh Dong Huong Hoi - Association of Friends from Tay Nin                                    | h |
|  |                         | The Coalition of Republic of Vietnam Veteran Association Southern California                     |   |
|  |                         | (Name of Organization)   |   |

Tay Ninh Dong Huong Hoi - Association of Friends from Tay Ninh



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2016

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 have ADDITIONAL INSURED provisions or 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).

|            | o destinate does not conter rights (   | O UIC         | Cert          | ilicate noider in hell of St                  |                   |                   |                   |  |   |           |  |
|------------|--|---------------|---------------|---|-------------------|-------------------|-------------------|--|---|-----------|--|
| PRODU      |  |               |               |   | CONTA<br>NAME:    | CT YEN N          | GUYEN             |  | *************************************** |           |  |
| State      | <b>eFarm</b> ALEX CHONG INSURA   | NCE           | AGE           | NCY   | PHONE<br>(A/C, No | 714-53            | 9-2255            | FAX<br>(A/C, No):                      | 714-539                                 | -2259     |  |
| 2          | 2630 BROOKHURST  | ST., 5        | SUITE         | <b>EC</b>                                     | E-MAIL<br>ADDRE   | VENTAIC           | UYEN.M2YO         | @STATEFARM.COM                         |   |           |  |
| <b>(</b>   | GARDEN GROVE, CA   | 9284          | 0             |   | ADDRE             | 90.               |                   |  |   |           |  |
|            | ,  |               |               |   |                   | Ct-1- F.          |                   | RDING COVERAGE                         |   | NAIC#     |  |
| INSURE     | ED   |               |               |   | INSURE            | RA: State Fa      | im General I      | nsurance Company                       |   | 25151     |  |
|            |  | ~             |               | ANIAGRAPIANI                                  | INSURE            | RB;               |                   |  |   |           |  |
|            | COALITION OF VIETNAMES   | SE VI         | ILK           | AN ASSOCIATION                                | INSURE            | RC:               |                   |  |   |           |  |
|            | 9565 MCFADDEN AVE  |               |               |   | INSURE            | RD;               |                   |  |   |           |  |
|            | WESTMINSTER CA 92683   | 3-692         | 3             |   | INSURE            | RE:               |                   |  |   |           |  |
|            |  |               |               |   | INSURE            | RF:               |                   |  |   |           |  |
| COVE       | ERAGES CER   | TIFIC         | CATE          | NUMBER:                                       |                   |                   |                   | REVISION NUMBER:                       |   |           |  |
| THIS       | S IS TO CERTIFY THAT THE POLICIES  | S OF          | INSU          | RANCE LISTED BELOW HA                         | VE BEE            | N ISSUED TO       | THE INSUR         | ED NAMED AROVE FOR TH                  | IE POLIC                                | Y PERIOD  |  |
| CER        | DICATED. NOTWITHSTANDING ANY RI<br>RTIFICATE MAY BE ISSUED OR MAY<br>CLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT | REME<br>TAIN. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD | OF AN<br>FD BY    | Y CONTRACT        | OR OTHER          | DOCUMENT WITH RESPECT                  | T TO 14                                 | MICH TUIC |  |
| NSR<br>LTR | TYPE OF INSURANCE  | ADDL          | SUBR          |   |                   | POLICY FEE        | POLICY EXP        |  |   |           |  |
|            | COMMERCIAL GENERAL LIABILITY   | insp.         | YXVII         | FOLICI ROMBER                                 |                   | (MM/DD/YYYY)      | (MM/DD/YYYY)      | LIMITS                                 | \$ 2,000,                               | 000       |  |
| F          | CLAIMS-MADE OCCUR  |               |               |   |                   |                   |                   | DAMAGE TO DESITED                      | 300,00                                  |           |  |
| -          | DE ALINO MANDE DE COCON  |               |               |   |                   |                   |                   |  |   | JU        |  |
| A          |  | Y             |               | 92-CL-U249-0                                  |                   | 03/21/2016        | 03/21/2017        |  | \$ 5,000                                |           |  |
| -          |  | ٠.            |               | 02 02 0240 0                                  |                   | 03/21/2010        | 03/21/2017        |  | \$ 2,000,000                            |           |  |
| 100        | GEN'L AGGREGATE LIMIT APPLIES PER;   |               |               |   |                   |                   |                   | GENERAL AGGREGATE                      | \$ 4,000,000                            |           |  |
| 2          | POLICY PRO-  |               |               |   |                   | ,                 |                   | PRODUCTS - COMP/OP AGG                 | \$                                      |           |  |
|            | OTHER:   | <u> </u>      |               |   |                   |                   |                   |  | \$                                      |           |  |
| A          | AUTOMOBILE LIABILITY   |               |               |   |                   |                   |                   | COMBINED SINGLE LIMIT<br>(Ea accident) | \$                                      |           |  |
|            | ANY AUTO   | 1             |               |   |                   |                   |                   | BODILY INJURY (Per person)             | \$                                      |           |  |
|            | OWNED SCHEDULED AUTOS  |               |               |   |                   |                   |                   | BODILY INJURY (Per accident)           | \$                                      |           |  |
|            | HIRED NON-OWNED AUTOS ONLY   |               |               |   |                   |                   | :                 | PROPERTY DAMAGE                        | s                                       |           |  |
|            | AUTOS GIVET  |               |               |   |                   |                   |                   | (Fer accident)                         | \$                                      |           |  |
| _          | UMBRELLA LIAB OCCUR  | <u> </u>      |               |   |                   |                   |                   |  |   |           |  |
|            |  |               |               |   |                   |                   |                   |  | \$                                      |           |  |
| -          | OEAIINGANAGE   |               |               |   |                   |                   |                   | AGGREGATE                              | \$                                      |           |  |
| W          | DED RETENTION S  WORKERS COMPENSATION  |               | -             | Reviewed and approved                         | l-as to           | insurance land    | guage             |  | \$                                      |           |  |
| A          | AND EMPLOYERS' LIABILITY Y/N   |               |               | and/or i                                      | equirem           | ords.             |                   | PER OTH-<br>STATUTE ER                 |   |           |  |
| 0          | ANY PROPRIETOR/PARTNER/EXECUTIVE DEFICER/MEMBER EXCLUDED?  | NIA           |               | Wain.   | · (~              | $\alpha(1\alpha)$ | # 1               | E.L. EACH ACCIDENT :                   | \$                                      |           |  |
| (1)        | Mandatory in NH) f yes, describe under   |               | İ             | Blsk M  | lanagen           | ent               |                   | E.L. DISEASE - EA EMPLOYEE :           | \$                                      |           |  |
| Ö          | DESCRIPTION OF OPERATIONS below  |               |               | 3-11-16                                       |                   |                   |                   | E.L. DISEASE - POLICY LIMIT            | \$                                      |           |  |
| 1          |  |               |               |   |                   |                   |                   |  |   |           |  |
|            |  |               |               |   |                   |                   |                   |  |   |           |  |
|            | ·  |               |               |   |                   |                   |                   |  |   |           |  |
| DESCR      | RIPTION OF OPERATIONS / LOCATIONS / VEHIC  | LES (/        | CORE          | 101, Additional Remarks Schedu                | ile, may b        | e attached if mor | re space is requi | red)                                   |   |           |  |
| CERT       | TIFICATE HOLDER IS ADDED AS AD   | DITIO         | JANC          | . INSURED FOR                                 |                   |                   |                   |  |   |           |  |
|            |  |               |               |   |                   |                   |                   |  |   |           |  |
|            | LE SAIGON ROCK THE VOTE CONC   | ERT           | 2016          | ON MAY 12, 2016                               |                   |                   |                   |  |   |           |  |
|            | RONT OF ASIAN GARDEN MALL  |               |               |   |                   |                   |                   |  |   |           |  |
| 9200       | BOLSA AVE, WESTMINSTER, CA 92  | 2683          |               |   |                   |                   |                   |  |   |           |  |
|            |  |               |               |   |                   |                   |                   |  |   |           |  |
|            | -  |               |               |   |                   |                   |                   |  |   |           |  |
| CER.       | TIFICATE HOLDER  |               |               |   | CANC              | ELLATION          |                   |  |   |           |  |
|            |  |               |               |   |                   |                   |                   |  |   |           |  |
|            | •  |               |               |   | SHO               | ULD ANY OF        | THE ABOVE D       | DESCRIBED POLICIES BE CA               | ANCELLE                                 | D BEFORE  |  |
|            | ADDITIONAL MOURES  |               |               |   | ACC               | EXPIRATION        | N DATE TH         | EREOF, NOTICE WILL E                   |   |           |  |
|            | ADDITIONAL INSURED:  |               |               |   | ^00               | AVELUAOF 841      | THE POLICE        | A. Chong                               | . 7                                     | 5-0850    |  |
|            | CITY OF GARDEN GROVE   |               |               |   | AUTHO             | RIZED REPRESE     | NTATIVE           |  |   |           |  |
|            | ITS OFFICERS, OFFICIALS  | EMF           | LOY           | EES, AGENTS AND                               | ~~                |                   |                   | FIRE 75<br>W Orange Count              | VCA 2                                   | 23-FC18   |  |
|            | VOLUNTEERS   |               |               |   |                   | gengn,            | gen               | W Orange Count                         | y or .                                  |           |  |
|            |  |               |               |   | [ 6               | , , ,             | <i>'</i>          |  |   |           |  |

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### CMP-4795 ADDITIONAL INSURED — DESIGNATED PREMISES

This endorsement modifies insurance provided under the following: BUSINESSOWNERS COVERAGE FORM

#### SCHEDULE

Policy Number: G 92 CLU249 0

Named Insured:

COALITION OF VIETNAMESE VETERAN ASSOCIATION C/O PHAN, NGUU 9565 MCFADDEN AVE WESTMINSTER CA

92683-6923

Name And Address Of Additional Insured Person Or Organization: City of Garden Grove it's officers, officials, employees, agents and volunteers. 11222 Acacia Parkway Garden Grove, CA 92840

Interest Of Additional Insured:

LITTLE SAIGON ROCK THE VOTE CONCERT 2016

**Location Of Premises:** 

IN FRONT OF ASIAN GARDEN MALL 9200 BOLSA AVE, WESTMINSTER, CA 92683 Reviseed as to insurance Isinguage ments.

| Risk Wanugement | State |

This endorsement provides only those coverages indicated by an "X" below:

# SECTION I

| Coverage A — Buildings   |
|--|
| When a Limit Of Insurance is shown in the Declarations for Coverage A — Buildings for the premises described above, any person or organization shown in the Schedule is included as an additional insured, as interests may appear, but only with respect to coverage provided under Coverage A — Buildings for that premises described above. |
| Coverage B — Business Personal Property  |

When a Limit Of Insurance is shown in the Declarations for Coverage B — Business Personal Property for the premises described above, any person or organization shown in the Schedule is included

Policy No. G 92 CLU249 0

0850-FC18

CMP-4795 Page 1 of 2

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# CMP-4795 ADDITIONAL INSURED — DESIGNATED PREMISES

This endorsement modifies insurance provided under the following: BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

Policy Number: G 92 CLU249 0

Named Insured:

COALITION OF VIETNAMESE VETERAN ASSOCIATION C/O PHAN, NGUU 9565 MCFADDEN AVE WESTMINSTER CA

92683-6923

Name And Address Of Additional Insured Person Or Organization: City of Garden Grove it's officers, officials, employees, agents and volunteers. 11222 Acacia Parkway Garden Grove, CA 92840

Interest Of Additional Insured:

PARADE

### Location Of Premises:

HANOI PLAZA LLC 9082 BOLSA AVE WESTMINISTER CA 92683-8904

This endorsement provides only those coverages indicated by an "X" below:

| SE | ECTION I  |
|----|---|
|    | Coverage A — Buildings  |
|    | When a Limit Of Insurance is shown in the Declarations for Coverage A — Buildings for the premis es described above, any person or organization shown in the Schedule is included as an additional insured, as interests may appear, but only with respect to coverage provided under Coverage A — Buildings for that premises described above. |
|    | Coverage B — Business Personal Property   |
|    | When a Limit Of Insurance is shown in the Declarations for Coverage B — Business Personal Property for the premises described above, any person or organization shown in the Schedule is included   |

as an additional insured, as interests may appear, but only with respect to coverage provided under Coverage B — Business Personal Property for that property described below.

**Description of Property:** 

| Loss Of Income And Extra Expe |
|-------------------------------|
|-------------------------------|

When Loss of Income and Extra Expense is shown in the Declarations any person or organization shown in the Schedule is included as an additional insured, as interests may appear, but only with respect to coverage provided under Loss Of Income And Extra Expense.

### **SECTION II**

# Coverage L — Business Liability

- SECTION II WHO IS AN INSURED of SECTION II LIABILITY is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" arising out of the ownership, maintenance, or use of the premises designated above, by you.
- 2. With respect to the insurance afforded the additional insured, this insurance does not apply to:
  - a. Structural alterations, new construction, or demolition operations performed by or for that additional insured;
  - b. "Personal and advertising injury" caused by that additional insured;
  - c. Liability for which that additional insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured would have in the absence of the contract or agreement; or
  - d. "Bodily injury" or "property damage" included within the "products-completed operations hazard", arising out of:
    - (1) Goods or inventory which are not sold or distributed by the Named Insured; or
    - (2) The manufacturing or packaging of such goods or inventory.
- 3. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
- 4. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

CMP-4795

1006228 137723.1 12-11-2013

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# **Atlantis Park Birthday Party Packages**

| Atlantis Birthday Party Package (up to 25 people) | \$100.00         |
|---|------------------|
| Birthday Pavilion Rental                          |                  |
| Party Package at Picnic Table (over 25 people)    |                  |
| Extra Adult for Party Packages                    |                  |
| Extra Child for Party Packages                    |                  |
| Table Rental                                      | \$5.00 per table |

### Dog Classes and Dog Shows, Garden Grove Park

### **FEES**

### Dog Shows

Two Day Events (6 a.m. first day to 10 p.m. second day) \$100.00 for first 100 dogs \$15 for each increment of 25 dogs thereafter.

### Dog Classes

\$100.00 for each 1 hour/week for 10 weeks class. Garden Grove Recreation Division classes are exempt from this fee.

#### **CHARGES**

### Dog Shows

One Day Events (Maximum Usage 6 a.m. to 10 p.m.). \$25.00 cleanup charge (refundable, if requirements are met).

Two Day Events (6 a.m. first day to 10 p.m. second day). \$50.00 cleanup charge (refundable, if requirements are met).

# Dog Classes

\$25.00 cleanup charge (refundable upon completion of the last class if requirements are met).

#### Supervision

If a group requests that supervision be provided for an activity, a charge of ......\$15.00/hour per staff person

#### Showmobile Use

<u>Organization</u> <u>Fees</u>

| Security/Cleaning Deposit   | will be exempt from any fees or costs. charged the fee established in the agreement. | \$100.00  |
|---|--|---|
| Rental of Sports Facilities   |  |   |
| Exclusive Use (2 hour minimum use for all sports facility res   | servations)  |   |
| Restroom Maintenance*   |  | Φ1.5° 0.0./ 1   |
| League  |  | \$15.00/day   |
| Team*Applies to Classifications II through VI, which includes a   |  | \$7.50/day  |
| Field Restoration Fee*  |  | \$7.00/day  |
| *Applies to Classifications III, V, and VI only.  |  |   |
| Classification ICity initiated or conducted activities  |  |   |
| Softball FieldsNo Lights  |  | No Charge   |
| Softball FieldsWith Lights  |  |   |
| Football FieldsNo Lights  |  |   |
| Football FieldsWith Lights  |  |   |
| Soccer FieldsNo Lights  |  |   |
| Soccer FieldsWith Lights  |  |   |
| Baseball FieldsNo Lights  |  |   |
| Baseball FieldsWith Lights  |  |   |
| Security Lighting for Practice  |  | No Charge   |
| Drag and Line Field   |  |   |
| Cancellation FeeLess than 72 hours notice   |  |   |
| Reservation Deposit   |  |   |
| Deposit for Multiple Dates  |  |   |
| Lost Key Fee  |  |   |
| Classification II—Garden Grove based local community/not tournaments or special events. See Classification V for tourn Softball FieldsNo Lights | \$2.00 if Resident\$4.00 if  | Non-Resident<br>\$20.00/hour  |
| Football FieldsNo Lights  |  |   |
| Football FieldsWith Lights  | <b>***</b>   | \$24.00/hour  |
| Soccer FieldsNo Lights  |  |   |
| Soccer FieldsWith Lights  |  |   |
| Baseball FieldsNo Lights  |  |   |
| Baseball FieldsWith Lights  |  |   |
| Caramatan Limbainan Esm Dosardina   | ***************************************  | \$12.00   |
| Security Lighting for Practice  |  | 1   |
| Drag and Line Field   |  | \$25.00   |
| Drag and Line Field   |  | \$25.00   |
| Drag and Line Field   |  | \$25.00<br>\$30.00  |
| Drag and Line Field  Bases  Cancellation Fee  32 or more days prior to event  |  |   |
| Drag and Line Field  Bases  Cancellation Fee  32 or more days prior to event  7 to 31 days prior  |  | \$25.00<br>\$30.00<br>No Charge<br>able usage fees                            |
| Drag and Line Field  Bases  Cancellation Fee  32 or more days prior to event  7 to 31 days prior  Less than 7 days prior                        |  | \$25.00<br>\$30.00<br>No Charge<br>able usage fees<br>cable usage fees        |
| Drag and Line Field  Bases  Cancellation Fee  32 or more days prior to event  7 to 31 days prior  |  | \$25.00<br>No Charge<br>able usage fees<br>cable usage fees<br>applicable fee |