



User Group Request Application

Long Term events such as Sporting events. Upon approval from council permit is valid for two years.

- Reservation request must be made at least 1 month prior to the reservation date.
- Please allow for up to one month for council approval of permit.

Event Type (Please provide details on the back of this form): MCC - Baseball
Park/Field Requested: Connors Stadium - Tedesco - Secondary
Date(s) Requested (provide schedule): What timeframe are you requesting for practices and games (start and end dates): Jan. 28 - June 1
Name of Organization: MCC Athletics
Primary Contact Person: Cameron Guevara Guevara
Phone Number: 801-953-7493
Email Address: guevaraca@milescc.edu
Mailing Address: 2715 Dickinson St.
Secondary Contract Person: Jerry Olson
Phone Number: 406-381-9761
Email Address: olsonj@milescc.edu
Mailing Address: 2715 Dickinson St.

Upon approval, the following checked items must be provided:

Fees

	Fees
Processing Fee	\$25.00
Park Use Fee (determined from Parks Policy Manual)	\$350 ⁰⁰
Damage Deposit (Refundable) <ul style="list-style-type: none"> • If there will be canopies/tents at your event or if you are using a rental company, an additional deposit maybe needed. • A walk through is required before and at the end of any season. 	\$ 500 ⁰⁰
Alcohol Waiver <ul style="list-style-type: none"> • Refer to Parks Policy Manual 	
Liability Insurance (information provided in the Parks Policy Manual) <ul style="list-style-type: none"> • Naming the City of Miles City, Its Officers, and Agents as additionally Insured • Meets all information in Ordinance # 1393 and in the Parks Policy Manual 	Need to provide proof
Insurance Endorsement Statement <ul style="list-style-type: none"> • Naming the City of Miles City, Its Officers, and Agents as additionally Insured. 	Needed
Has read and will meet all requirements within Parks Policy Manual	Yes No
Signed agreement detailing the event	Yes No

Insurance must be in place and the group shall provide proof of insurance satisfactory to the City of Miles City prior to the commencement of the use covered by this agreement or the use will not commence as scheduled.

Insurance Endorsement Statement

An Endorsement Statement is required for all applicable policies additionally insuring the City of Miles City, its officers, and agents and the Group against loss and liability for damages including, but not limited to, personal injury, death, or property damage arising out of, or in connection with the use of the facility. In addition, the policy or policies shall contain a provision that no cancellation thereof shall be effective by the insurer without forty five (45) days written notice to the City of Miles City and the insured Reservation group.

City of Miles City Address to be used on Insurance Documentation

City of Miles City
174 S. 8th Street
PO Box 910
Miles City, MT 59301

Email: smalenovsky@milescity-mt.org For questions, please call the Public Works Department at 406-874-8617.



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Event Type (Please provide details on the back of this form): Softball - MCC	
Park/Field Requested:	Bowden Park - Field 3 - Secondary Field 2
Date(s) Requested (provide schedule): What timeframe are you requesting for practices and games (start and end dates):	Jan 1 - 8 June 1
Name of Organization:	Softball MCC
Primary Contact Person:	Jerry Olson
Phone Number:	406-391-9761
Email Address:	olsonj@milescc.edu
Mailing Address:	2707 Palmer St.
Secondary Contract Person:	Richard DeShields - VP
Phone Number:	509-312-1007
Email Address:	deshieldsr@milescc.edu
Mailing Address:	MCC - 2715 Dickinson St.

Upon approval, the following checked items must be provided:

Fees

	Fees
Processing Fee	\$25.00
Park Use Fee (determined from Parks Policy Manual)	\$250.00
Damage Deposit (Refundable) <ul style="list-style-type: none"> • If there will be canopies/tents at your event or if you are using a rental company, an additional deposit maybe needed. • A walk through is required before and at the end of any season. 	\$500.00
Alcohol Waiver <ul style="list-style-type: none"> • Refer to Parks Policy Manual 	N/A
Liability Insurance (information provided in the Parks Policy Manual) <ul style="list-style-type: none"> • Naming the City of Miles City, Its Officers, and Agents as additionally Insured • Meets all information in Ordinance # 1393 and in the Parks Policy Manual 	Need to provide proof
Insurance Endorsement Statement <ul style="list-style-type: none"> • Naming the City of Miles City, Its Officers, and Agents as additionally Insured. 	Needed
Has read and will meet all requirements within Parks Policy Manual	Yes No
Signed agreement detailing the event	Yes No

Insurance must be in place and the group shall provide proof of insurance satisfactory to the City of Miles City prior to the commencement of the use covered by this agreement or the use will not commence as scheduled.

Insurance Endorsement Statement

An Endorsement Statement is required for all applicable policies additionally insuring the City of Miles City, its officers, and agents and the Group against loss and liability for damages including, but not limited to, personal injury, death, or property damage arising out of, or in connection with the use of the facility. In addition, the policy or policies shall contain a provision that no cancellation thereof shall be effective by the insurer without forty five (45) days written notice to the City of Miles City and the insured Reservation group.

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Miles City, MT 59301

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MILECOM-01

JLARSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2026

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).

PRODUCER Miles City Insurance Services, Inc. PO Box 98 Miles City, MT 59301	CONTACT NAME: Joel Larson
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): (406) 234-3356
	E-MAIL ADDRESS: joel@milescityinsure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Employers Mutual Casualty Company	NAIC #: 21415
INSURED Miles Community College 2715 DICKINSON ST MILES CITY, MT 59301-4774	
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: General Aggregate Limit			1D37953	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1E37953	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1J37953	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

City of Miles City	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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