

Print

Application for Public Assembly - Submission #15712

Date Submitted: 1/23/2026

EVENT ORGANIZER INFORMATION

The event organizer will be the main contact for all correspondence with the City.

First Name

Sarah

Last Name

Senft

Address1

4000 Dauphin St

Address2

City

Mobile

State

Alabama

Zip

36608

Phone Number

Email Address

ssenft@shc.edu

Event Owner Information

The event owner will serve as the responsible party/rights holder.

First Name

Sarah

Last Name

Senft

Address1

6112 venetian way north

Address2

City

Mobile

State

AL

Zip

36608

Phone Number

7176884716

Event Website

Event Name

Badger Beach Bash

Event Location/Address

Gulf Shores Public Beach West

*An official letter from property owner permitting activity MUST accompany this application, if not owned by the applicant.

Property Owner Letter

Choose File No fi...sen

Event Date(s)

2/27/2026 —
2/28/2026

Event Hours

2/27/2026
08:30 AM —
2/28/2026
04:00 PM

Feel free to add additional information regarding your event dates and hours.

Collegiate games will start at 8:30 a.m. on 2/27 and 2/28, with the last game beginning at 1:30 p.m. both days.

Dates for setup and dismantle.

Set-up will begin on February 26 around 12:00 p.m., and dismantling will take place after the final game on February 28, at approximately 3:30 p.m. We have been in contact with Coach Bryant, who will be assisting with court set-up and equipment.

Please be very specific in the setup and dismantle dates and times for your event.

Event Description

We are hosting a College Beach Volleyball Tournament featuring six schools from three different states. Spring Hill College will serve as the host institution. Participating teams include Berry College, Huntingdon College, LaGrange College, Wesleyan College, and Erskine College. Matches will take place on Friday and Saturday, beginning at 8:30 a.m. and concluding around 4:00 p.m. each day.

Please provide a specific and detailed description of your event.

Type of Event

- Athletic/Recreation
- Outdoor Market
- Parade
- Concert/Performance
- Fitness
- Festival/Fair
- Social
- Demonstration/Rally
- Other

Event Features

Please select all of the event features that you will be providing for your event.

- Beverage/Food Vendors
- Merchandise Vendors
- Stages/Platforms
- Pyrotechnics
- Shuttle Service
- Entertainment
- Tents/Canopies
- Restrooms
- Use of Public Property
- Vehicles on Display
- Animals
- Electrical/Generator Use
- Fencing/Barricades
- Outdoor Cooking
- Inflatables/Bounce Houses

Anticipated # of attendees per day

225



Athletic Trainers & Sports Medicine

Championship Admin Area

FOOD

FOOD

Tent

Tent

Tent

Tent

Tent

Tent



Tent

Tent

Tent



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2026

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 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: Rachel Machovec	
Mythic Consulting, LLC		PHONE (A/C, No, Ext):	FAX (A/C, No):
PO Box 43407		E-MAIL ADDRESS: rachelm@mythicinsurance.com	
Vestavia AL 35243		INSURER(S) AFFORDING COVERAGE	
INSURED		NAIC #	
Spring Hill College		INSURER A : United Educators Insurance 10020	
4000 Dauphin Street		INSURER B : Progressive Specialty Insurance Company 32786	
Mobile, AL 36608		INSURER C : Alabama Self-Insured Worker's Compensation Fund	
		INSURER D : Atlantic Specialty Insurance Company 27154	
		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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		R80-85V	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			993780384	2/28/2025	2/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 1000000			R80-85V	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
C	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	N/A	103642	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Educator's Legal Liability			MML0032570225	2/28/2025	2/28/2026	Limit: \$1,000,000
A	Internships and Professional Liability			R80-85V	2/28/2025	2/28/2026	Limit: \$1,000,000

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

The City of Gulf Shores is listed as additional insured wth regards to the General Liability, as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
The City of Gulf Shores PO Box 299 1905 West 1st Street Gulf Shores AL 36542	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>Cotton Bean</i>

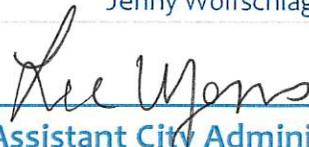
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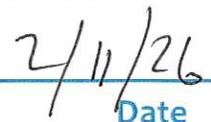
APPLICATION FOR PUBLIC ASSEMBLY

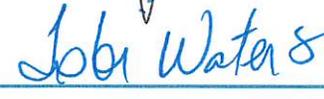
Badger Beach Bash

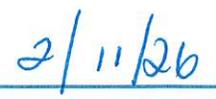
DEPARTMENT APPROVALS/DENIALS

City Staff	Signature	Date
Capital Projects Director Clint Colvin		1/28
Purchasing Officer Shelby DeBlieux		1/28
Rental Specialist Brian Dugall		1/28
Chief Building Official Brandan Franklin		1/28
Public Works Director Noel Hand		1/28
Recreation & Cultural Affairs Director Grant Brown		2/4
Revenue Supervisor Theresa Daugherty		1/28
Chief of Police Dan Netemeyer		2/4
Fire Chief Mark Sealy	Tammy Approved on behalf of Sealy	1/28
Planning & Comm Dev. Director Scott Stephens		1/28
Fire Marshal George Surry		2/4
City Engineer Jenny Wolfschlag		1/28


Assistant City Administrator


Date


City Clerk


Date