

SPECIAL EVENTS PERMIT APPLICATION
Lancaster County, Nebraska

RECEIVED

JAN 29 2018

LANCASTER COUNTY
CLERK

Application must be received by the County Clerk
a minimum of three (3) weeks prior to the event.

PLEASE READ THE GENERAL REQUIREMENTS PRIOR TO COMPLETING THE APPLICATION. THE HOLD HARMLESS AGREEMENT MUST BE SIGNED AND SUBMITTED AT TIME OF APPLICATION.

APPLICANT INFORMATION

Applicant Name: GARY BREDEHOFT
Business/Organization Name (if applicable): TIGER COACHING & PERSONAL TRAINING
Full Mailing Address: 4747 PIONEERS BLVD SUITE 900 LINCOLN NE 68506
Phone #: 402-560-8280 Alternate Phone #: 402-488-8280
E-mail Address: coach@tigercoaching.com

EVENT INFORMATION

Event Name: LAST BLAST LINCOLN TRIATHLON
Event Description: SWIM / BIKE / RUN
*Date of Event: 9/16/18 Alternate Date: —
Start Time: 8:00 AM End Time: 11:00 AM

**In the event of cancellation, the County shall be notified by the applicant as soon as possible, however, not later than the day preceding the scheduled date.*

Will the event be in/on a road? Yes No
Will the event be in/on sidewalk space? Yes No
Is part of the proposed route within the city limits of Lincoln or any other incorporated city or village? Yes No

If yes, please contact the City or Village Clerk of that jurisdiction to inquire about other necessary permits.

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Lancaster County, Nebraska

Planned Route (describe in detail and attach map): SWIM FROM LEIBERS POINT, BIKE AROUND ROAD CIRCLING BRANCHED OAK LAKE, RUN ON TRIALS & ROADS WITHIN LEIBERS POINT

(Attach additional sheets if necessary.)

Expected number of people attending: 175

Location(s) of event marshals/monitors: ON EACH INTERSECTION & TURN

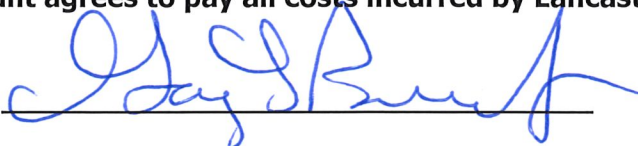
*Do you need sheriff escort/traffic control? Yes No

*Do you need traffic control equipment (i.e., signs, cones, barricades)? Yes No

**Applicant shall be responsible for reimbursing the County for such expenses.*

Additional Comments: THIS IS THE 6TH YEAR OF THIS ANNUAL EVENT HELD @ BRANCHED OAK SRA IT IS A FUNDRAISER FOR THE YMCA STRONG KIDS CAMPAIGN

The applicant agrees to pay all costs incurred by Lancaster County, Nebraska.

Signature:  Date: 1-29-18

Return this application at least three (3) weeks prior to the event to:
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508

If you have questions regarding Special Event Permits,
please contact the Clerk's Office at:
Phone: (402) 441-7484
E-mail: coclerk@lancaster.ne.gov
Web site: lancaster.ne.gov

For Office Use Only:	<input type="checkbox"/> Application	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building & Safety
	<input type="checkbox"/> Hold Harmless	<input type="checkbox"/> LLCHD	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Map	<input type="checkbox"/> Planning	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> Sheriff	<input type="checkbox"/> WITHDRAWN _____

SPECIAL EVENTS PERMIT APPLICATION
Lancaster County, Nebraska


HOLD HARMLESS AGREEMENT

Event Name: LAST BEAST LINCOLN TRIATHLON
Date of Event: 9/16/18

The applicant shall indemnify and hold harmless, to the fullest extent allowed by law, Lancaster County, Nebraska (the "County"), and its agents, employees and representatives from all claims, demands, suits, actions, payments, liability, judgments (including court-ordered attorneys fees), arising out of or resulting from the special event listed above that results in bodily injury, sickness, disease, death, civil rights liability or damage to or destruction of tangible property including loss of use resulting therefrom, and that is caused in whole or in part by the acts or omissions of the applicant or anyone directly or indirectly employed by applicant or anyone for whose acts or omissions they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Applicant shall maintain a policy or policies of insurance (or a self-insurance program) sufficient in coverage and amount to pay any judgments or related expenses from or in conjunction with any such claims.

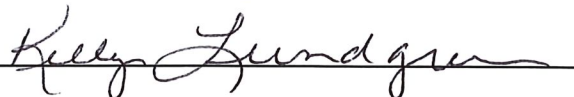
In claims against any person or entity indemnified under this agreement by an employee or the applicant or anyone directly or indirectly employed by the applicant or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the applicant under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

Dated this 29 **day of** JANUARY, 2018.

Applicant Signature: 

Printed Name: GARY L BREDEHOFF

Title/Legal Capacity: OWNER / RACE DIRECTOR

Witness to Signature: 

REMINDER: The applicant must also provide the County with proof of insurance; see General Requirements for coverage type and amounts.



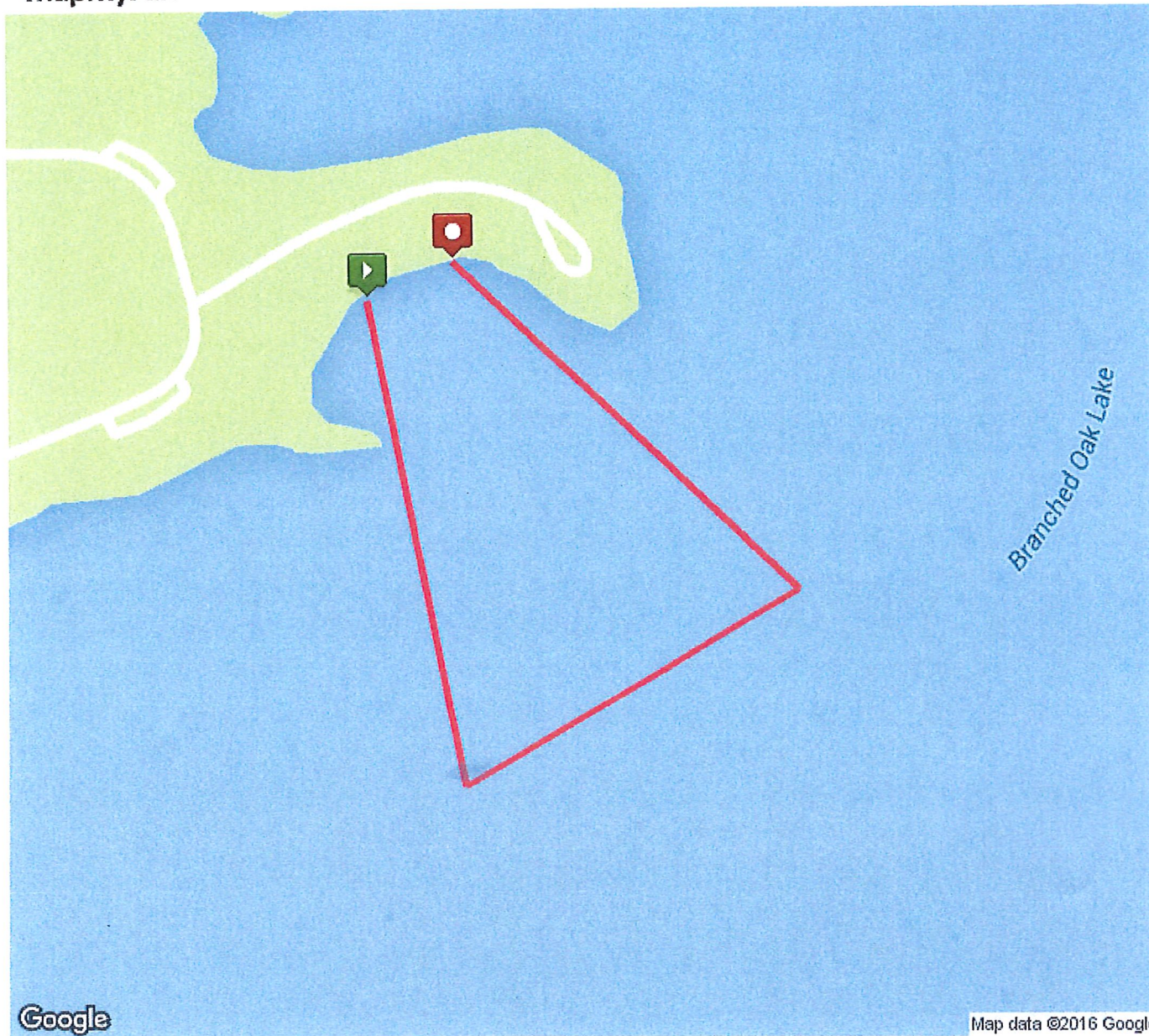
mapmyrun

A run mapped on 04/23/2011

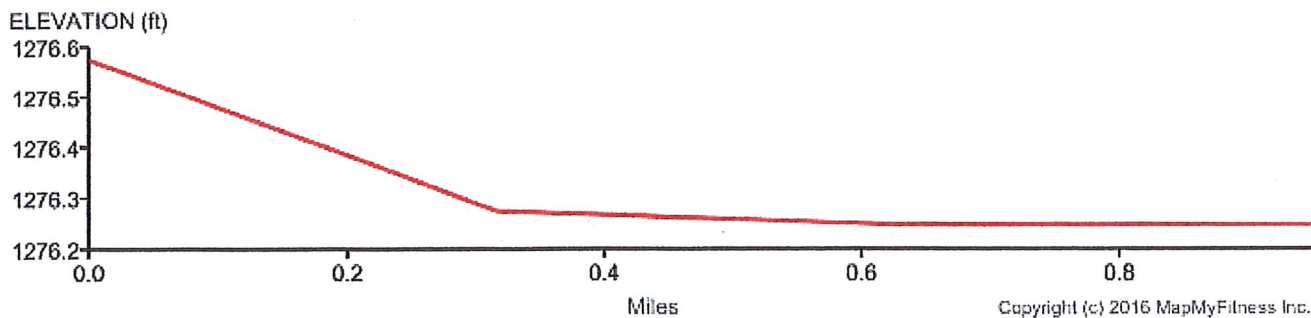
Distance: 0.95 mi

Elevation: 0.0 ft (Max: 1,276.57 ft)

SWIM COURSE



Map data ©2016 Google



Copyright (c) 2016 MapMyFitness Inc.



mapmyrun

A run mapped on 04/23/2011
Distance: 26.39 mi
Elevation: 440.45 ft (Max: 1,409.28 ft)

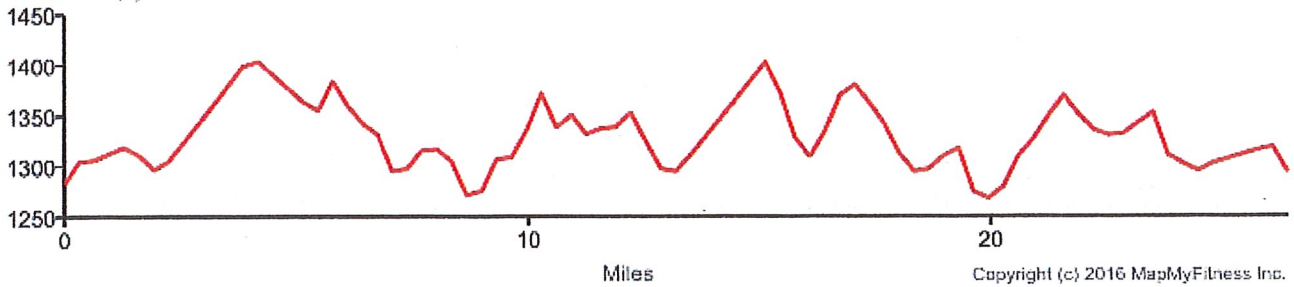
BIKE COURSE



Google

Map data ©2016 Google

ELEVATION (ft)



Copyright (c) 2016 MapMyFitness Inc.



A run mapped on 04/23/2011
Distance: 6.18 mi
Elevation: 57.48 ft (Max: 1,321.49 ft)

RUN COURSE

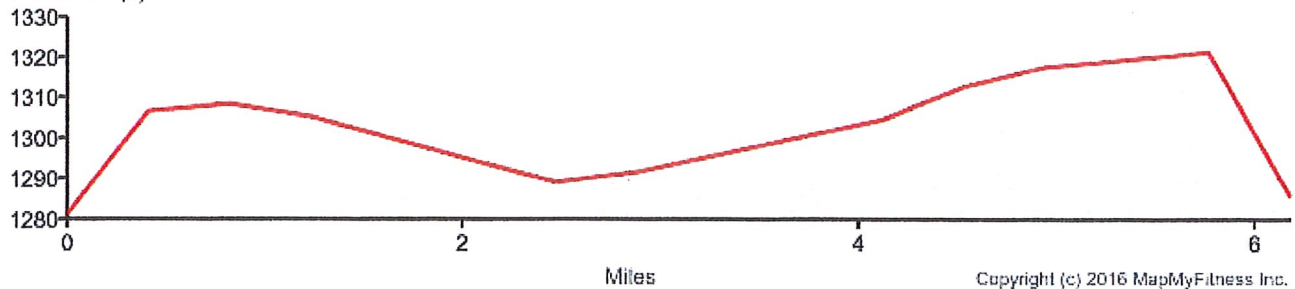
mapmyrun



Google

Map data ©2016 Google

ELEVATION (ft)



Copyright (c) 2016 MapMyFitness Inc.

CERTIFICATE OF INSURANCE

PRINT DATE: 3/20/2018

CERTIFICATE NUMBER: 20180320599045

AGENCY:

Integro USA Inc.
d/b/a Integro Insurance Brokers
2727 Paces Ferry Road, Building Two, Suite 1500
Atlanta, GA 30339
678-324-3300 (Phone), 678-324-3303 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:

USA Triathlon of Colorado Gary Bredehoft
5825 Delmonico Drive
Colorado Springs CO 80919-2401

INSURERS AFFORDING COVERAGE:

INSURER A: Philadelphia Indemnity Ins. Co. NAIC #: 18058
INSURER B: Philadelphia Indemnity Ins. Co. NAIC #: 18058

EVENT INFORMATION:

Last Blast Lincoln Triathlon (9/16/2018 - 9/16/2018)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	PHPK1738697	12/1/2017 12:01 AM	12/1/2018 12:01 AM	GENERAL AGGREGATE (Applies Per Event) \$2,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability				EACH OCCURRENCE \$1,000,000
					DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$1,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
B	UMBRELLA/EXCESS LIABILITY				
	<input checked="" type="checkbox"/> Occurrence	PHUB607478	12/1/2017 12:01 AM	12/1/2018 12:01 AM	EACH OCCURRENCE \$10,000,000
					AGGREGATE \$10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

The certificate holder is an additional insured, where required by written contract or written agreement, but only with respect to the operations of the named insured, and subject to the provisions and limitations of form CG2026 - Additional Insured - Designated Person or Organization, but only with respect to the USAT sanctioned or approved event specified on this certificate.

The General Liability policy is primary as per Form CG0001 (04/13).

The General Liability policy contains Form CG2404 (05/09): Waiver of Transfer of Rights of Recovery Against Others to US, but only as required by written contract or agreement executed by the named insured prior to an occurrence resulting in a loss or a claim.

CERTIFICATE HOLDER:

Lancaster County
555 South 10th Street
Lincoln NE 68508

NOTICE OF CANCELLATION:

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:



**USAT SANCTIONED EVENT COVERAGE
GENERAL LIABILITY SUMMARY OF INSURANCE**
Effective 12/1/2017 – 12/1/2018



Named Insured

The following parties are included as Named Insureds under the USA Triathlon Sanctioned Event General Liability policy:

USA Triathlon (USAT), USAT race directors, event owners, regions, clubs, official sponsors, committee members, volunteers, lifeguards and race participants, severally as their interests may appear in the business of USAT, functioning on behalf of the Named Insured or performing in a "sanctioned or approved event".

A "sanctioned or approved event" is one that has been approved by USA Triathlon.

Covered Activities

USA Triathlon sanctioned and approved events.

Coverage Summary

General Liability: This coverage is intended to protect against claims arising from alleged bodily injury, personal injury or property damage liability. Coverage payments can include judgments, attorney fees, court costs, or other related expenses.

Premises / Operations: This coverage is used to insure against claims arising out of your ownership, maintenance or use of premises including any operations that are in progress (7 consecutive days or less).

Host Liquor Liability: This coverage is used to insure against claims arising from the serving of liquor at events or functions so long as you do not sell, manufacture or distribute alcoholic beverages as a business. *An application must be completed and then approved by USA Triathlon for Liquor Liability coverage.

General Liability Limits

Each Occurrence:	\$1,000,000
General Aggregate – PER EVENT:	\$2,000,000
Products/Completed Operations Aggregate:	\$2,000,000
Personal and Advertising Injury:	\$1,000,000
Damage to Premises (7 days or less):	\$1,000,000
Participant Legal Liability:	INCLUDED
Medical Expense (any one person):	EXCLUDED

Umbrella / Excess Liability Limits

Each Occurrence:	\$10,000,000
General Aggregate – PER EVENT:	\$10,000,000

Notable Endorsements

- Blanket Additional Insured Endorsement
- Aggregate Limit Per Event
- Amendment of Coverage Territory - Worldwide
- Lack of Valid Waiver – Limitation of Coverage
- Abuse-Molestation Included (\$1,000,000 on GL)
- Employment-Related Practices Exclusion
- Designated Professional Services Exclusion
- Exclusion – Asbestos, Lead, Fungi, or Bacteria

Underwriting Company

Philadelphia Indemnity Insurance Company
Rated "A++XV (Superior)" by A.M. Best Company

How to Request a Certificate of Insurance

USA Triathlon Sanctioned Event Liability certificates can be requested as follows:

- Certificates of insurance should be requested through the USA Triathlon sanctioned event application process online.
 - Class 1 Certificate: "Evidence of Coverage"
 - Class 2 Certificate: "Additional Insured"
(A small fee applies to each additional insured certificate request).
- Upon approval of your sanctioned event, USA Triathlon will then submit all certificate requests to Integro Entertainment & Sport (formerly ESIX) for processing.
- If you have questions or need revisions to an existing certificate, please contact:
eventservices@usatriathlon.org

How to File a General Liability Claim

When an injury, property damage or other accident occurs during a USA Triathlon sanctioned event, an Incident Report Form must be completed by the race director and submitted to:

USA Triathlon
5825 Delmonico Drive
Colorado Springs, CO 80919
Phone: 719-597-9090 / Fax: 719-597-2121
sanction@usatriathlon.org

If you are aware of an incident that may give rise to a liability claim under this policy or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information immediately.

****Please keep a copy of all documentation on file for claims handling purposes****

The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage



Integro USA Inc.
2727 Paces Ferry Road
Building Two, Suite 1500
Atlanta, Georgia 30339
678.324.3300 (Telephone)
678.324.3303 (Fax)
sport.integrogroupp.com
Atlanta • Colorado Springs • London

**USAT SANCTIONED EVENT COVERAGE
PARTICIPANT ACCIDENT SUMMARY OF INSURANCE**
Effective 12/1/2017 – 12/1/2018



Named Insured

USA Triathlon athletes, managers, staff members, lifeguards, team workers, volunteers, referees, officials, sponsors and USA Triathlon representatives of the policyholder

Covered Activities

While participating in policyholder sanctioned or approved events

Coverage Summary

This policy provides accidental death, dismemberment and medical coverage to eligible USA Triathlon persons. Medical expense coverage is excess coverage, meaning it is secondary coverage to any other health insurance. If the participant has other coverage, claims must first be filed with that insurance company.

Schedule of Benefits

Accidental Medical Expense:

Maximum Benefit: \$25,000

Accident Medical Deductible:

\$250 when primary medical coverage is in place
\$1,000 when no primary medical coverage in place

Loss Period: Initial treatment received within 90 days of accident

Benefit Period: Medical expenses must be incurred within 52 weeks of the date of accident

Accidental Death & Specific Loss

Principal Sum: \$10,000

Loss Period: Loss within 365 Days of Injury

Notable Terms / Conditions:

The following riders are attached to and made a part of this policy:

- Insured Person's heart or circulatory malfunction if the heart or circulatory malfunction is diagnosed by a physician and occurs 24 hours of participating in a covered activity.
- Brain Damage must be diagnosed within 30 days of the accidental bodily injury and must continue for 12 consecutive months.
- Exclusion – Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunction.

Underwriting Company

Federal Insurance Company
Rated "A++ (Superior) XV" by A.M. Best Company

How to File a Participant Accident Claim

When an injury occurs during a sanctioned/approved USA Triathlon activity, the race director must report the incident to USA Triathlon. An Incident Report Form should be completed and submitted to:

USA Triathlon
5825 Delmonico Drive,
Colorado Springs, CO 80919
Phone: 719-597-9090 / Fax: 719-597-2121
sanction@usatriathlon.org

****Please keep a copy of all documentation on file for claims handling purposes****

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Integro USA Inc.
2727 Paces Ferry Road
Building Two, Suite 1500
Atlanta, Georgia 30339
678.324.3300 (Telephone)
678.324.3303 (Fax)
sport.integrogroupp.com
Atlanta ■ Colorado Springs ■ London

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Lancaster County
555 South 10th Street
Lincoln, NE 68508

As required by written contract executed by the Named Insured prior to an occurrence
resulting in a loss or claim

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Kelly S. Lundgren

From: Tom J. Cajka
Sent: Wednesday, April 11, 2018 10:22 AM
To: Kelly S. Lundgren; Angela S. Keim; Barbi M. Loschen; David A. Derbin; David R. Cary; Greg R. Topil; Jenifer T. Holloway; Jeremy J. Schwarz; Josh D. Clark; Justin L. Daniel; Ken D. Schroeder; Robert K. Simmering; Steve S. Henrichsen; Terry A. Kathe
Subject: RE: Last Blast

Planning has no objections.

Tom Cajka, Planner II
County Planner
Lincoln-Lancaster County Planning
402-441-5662

From: Kelly S. Lundgren
Sent: Wednesday, April 11, 2018 9:01 AM
To: Angela S. Keim <AKeim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Last Blast

Please find attached a special events permit application for Last Blast Lincoln Triathlon, September 16, 2018. Please have recommendations to me by Wednesday, April 25th. I will scheduled this for the May 1, 2018 Board of Commissioners agenda.

Thank you!

Kelly Lundgren, Records Administrator
Lancaster County Clerk
555 S. 10th Street, Room 108
Lincoln, NE 68508
Direct: 402-441-7485
Main: 402-441-7484

Kelly S. Lundgren

From: Laura G. Conant
Sent: Wednesday, April 11, 2018 3:33 PM
To: Angela S. Keim; Kelly S. Lundgren
Cc: Justin L. Daniel
Subject: RE: Last Blast

This event (Last Blast Triathlon) appears to be held on Nebraska State property. LLCHD does not regulate food establishments or events on state property.

Laura Conant, REHS, CP-FS
Environmental Health Specialist
Lincoln-Lancaster County Health Department
402-441-8025

From: Angela S. Keim
Sent: Wednesday, April 11, 2018 9:09 AM
To: Laura G. Conant <LConant@lincoln.ne.gov>
Cc: Justin L. Daniel <jdaniel@lincoln.ne.gov>
Subject: FW: Last Blast

Angie Keim
Environmental Public Health
Lincoln-Lancaster County Health Dept.
3131 O Street
akeim@lincoln.ne.gov
402-441-8026

From: Kelly S. Lundgren
Sent: Wednesday, April 11, 2018 9:01 AM
To: Angela S. Keim <AKeim@lincoln.ne.gov>; Barbi M. Loschen <bloschen@lancaster.ne.gov>; David A. Derbin <DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jenifer T. Holloway <JHolloway@lancaster.ne.gov>; Jeremy J. Schwarz <JSchwarz@lancaster.ne.gov>; Josh D. Clark <JClark@lancaster.ne.gov>; Justin L. Daniel <jdaniel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering <RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe <tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>
Subject: Last Blast

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Thank you!

Office of the Sheriff Lancaster County

Terry T. Wagner
Sheriff

Todd Duncan
Chief Deputy

575 S. 10th Street, Lincoln, Nebraska 68508-2869
Phone (402) 441-6500 Fax (402) 441-8320



April 23, 2018

Ms. Kelly Lundgren
Lancaster County Clerk's Office
County-City Building
Lincoln, NE 68508

Re: Special Events Permit for the Last Blast Lincoln Triathlon

Dear Ms. Kelly Lundgren,

This letter is regarding an application for a Special Events Permit from Gary Bredehoff of Tiger Coaching and Personal Training to host the Last Blast Lincoln Triathlon on Sunday, September 16, 2018, between the hours of 8:00 am and 11:00 am.

This is the 6th year of this annual event held at Branched Oak, and is a fundraiser for the YMCA strong kids campaign. The event is expected to have approximately 175 participants and will utilize Lancaster County Sheriff's deputies for traffic control.

There have been no reported problems to the Lancaster County Sheriff's Office during prior events. The Lancaster County Sheriff's Office has no objections to this permit.

Sincerely,

Terry T. Wagner
Lancaster County Sheriff

DATE: April 23, 2018

TO: Kelly Lundgren
County Clerk's Office

FROM: Ken D. Schroeder _____
County Surveyor

SUBJECT: APPLICATION FOR SPECIAL EVENTS PERMIT
TIGER COACHING & PERSONAL TRAINING
LAST BLAST LINCOLN TRIATHLON
SUNDAY, SEPTEMBER 16, 2018, 8:00 A.M. TO 11:00 A.M.
BRANCHED OAK LAKE AREA

Upon review, this office would have the following comments:

1. No parking will be permitted along the paved roadways during the times of this event. Temporary "No Parking" signs shall be installed at a minimum of four (4) signs per mile, two on each side of the road. These signs may be obtained from the City of Lincoln.
2. No permanent markings shall be allowed on the pavement.
3. Traffic control coordinators should be used at all County road intersections informing the traveling public of the special events in progress.
4. Safety precautions to be reviewed and approved by the Lancaster County Sheriff's Department.
5. Suggest this application be reviewed by the County Attorney's Office for insurance compliance.

cc: Lancaster County Sheriff's Office
Tom Morrison, Games and Parks Commission
Lancaster County Attorney's Office
Ron Bohaty, Road Maintenance Superintendent

KDS/bml

F:\Clerical\Private\Special Permits Events-Other\Tiger Coaching 2018 Branched Oak.Mem.docx