

# **EVENT PERMIT**



Ordinance 17-08

## Pop Warner Football

PERMIT NUMBER: TMP2020-00175

Date(s) of Event: 9/5, 9/19, 9/26, playoffs through December

Property Owner:

LEE COUNTY

Applicant:

Michael Tucker

2396335657

Description:

Lehigh Acres Football Association

Location of event: 1400 W 5TH ST, LEHIGH ACRES, FL 33972

LEHIGH ACRES COMMUNITY PARK

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event? No

Will a bond be posted for this event?

Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

**Board of County Commissioners** Lee County, Florida

No

Nο

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Pop WALNER Football
Date(s) of Event / Production:	Pop WALNER Football  Home games (TBA for playoff 2020 SEASON SEPT 5th, Sept 19th, Sept 26th, playoffs than Dec
Location(s) of Event:	
Name of Applicant:	LEhigh ACRES Community PARK LEhigh ACRES FOOTBALL ASSOCIATION
Applicant Address:	1400 W. 5th Street Lehigh Acres, Fl.
Applicant Phone Number:	(239) 633-5657
Contact Person: (If different from applicant)	Michael Tucker * PRESident
Contact Phone Number: (If different from applicant)	
Email Address:	924 tuck e gmail.com
Estimated Attendance:	
Event Description: Include each activity, when activities take place, etc.	Pop WARNER Football games
Hours of Operation:	8 pm - 11 pm
STRAP # of Parcel:	
Owner of Premises*:	

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



#### Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of the	premises?	
Are any temporary structures to be insta	alled for the event?   Yes   No	Туре:
Do you have the appropriate permits for	the temporary structures?	☐ Yes ☐ No
* For a 'Special Event' and 'Use of Coun' Indentified, including all parking areas.	ty Property' permit, submit a site plan w	ith all proposed facilities and activities
Insurance Company Insuring the Event:		*
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?  Yes No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:		
Type of Food being Served:		
Section II - USE OF COUNTY PR	ROPERTY PERMIT	
Organization Sponsoring the Event:	Ehigh ACRES Football Solicitation in the County Rights-of-Wa	
Address of Charity:	er.	
Phone Number:		*
Non-profit certificate/registration numl	oer:	
(Proof of registration with the Dept. of Agriculture & C	Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.		Yes No y Property.
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	er:	

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):		
TV Movie or Special TV Se	ries / Pilot	TV Commercial Still Photos
Public Service Announcement Indust	rial / Documentary	Other:
Will any of the following be needed or include	ed*?	
Street Closure		Γ Yes Γ No
Traffic / Crowd Control		☐ Yes ☐ No
Fire or Burning	8	F Yes
Explosives or Pyrotechnics		☐ Yes ☐ No
Animals, Large or Small		「Yes
Construction of Any Kind		□ Yes □ No // / / /
Large and/or Numerous Vehicle	es	☐ Yes ☐ No // / //
Helicopters, Boats, etc.		□ Yes □ No
Stunts		⊢ Yes ⊢ No
Other		☐ Yes ☐ No
Special Parking Requirements:		
City or County Services Required: (Personn	el, equipment, facilities, et	:c.)
The following information is required for loc the industry. If exact figures are not availab	al and state records on prole, please estimate as clos	oduction in Fiorida to track the economic impact of ely as possible.
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount spent in L	ee County:
Hotel room nights:  number of rooms x number of nights	Number of shooting days:	

#### **Applicant Agreement - Signature Required**



#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

# SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, Judgments or Injuries of any nature arising from the conduct or management of, or from any or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

#### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

#### Applicant Agreement - Signature Required



#### **SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms his/her knowledge.	s that any and all information is accurate to the best of
Signature of Applicant	Abrie Flanzack Witness
Michael Tucker  Print Name of Applicant and Title	Alise Flanjack Print Name of Witness
Date	8/20/2020 Date



#### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropri	ate box(es) below:
	ENT PERMIT
T USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
┌─ FILM PERM	
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	To be handled by event staff. If a large crowd is anticipated, additional deputies should be hired to contain and limit any parking issues.
Deputies (How Many?):	2 deputies required per game. This permit page and the detail request form have been filled out according to the schedule that was provided on the application and does not include any additional play off games. Additional games that need be added to the schedule at a later date should be submitted via email to the Lee County Sheriff's Office Details units no later than one week in advance.
Fee for Services:	There is a four hour minimum per deputy on all LCSO details. Contact the Lee County Sheriff's Office Details Unit for cost.
Special Arrangements:	Details will need to be paid for in advance no less than one week prior to the start of each game. If the detail is not paid for in advance, Lee County Parks & Rec will be notified and cancellation of the event may be the result. LCSO is not responsible for seeking out payments. The league is responsible for confirming game dates and times prior to the start of the event to ensure proper coverage. The league is responsible for any time worked by deputies over the scheduled detail times. All changes/additions to game dates or times must be done by email to the Details Unit. Should any game be cancelled/rescheduled, it is the responsibility of the league to notify the Details Unit via email with 24 hour notice. Failure to do so will result in full charge.
	Print Name: Lt. S. Brady Signature: Lt. S. Brady
	Title: Special Events, Permits and Details
	Date: 8-20-20

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# Pop warrier Frithaut 1400 to 5th St - Lec County Park Lehigh Acres Football Association

#### Lee County Event Permit Application



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

P	Please see User's Guide for contact information and Fire District Map.
Check the appropri	iate box(es) below:
SPECIAL E	VENT PERMIT
,	DUNTY PROPERTY PERMIT
FILM PERM	MIT The state of t
AFTER REVIEWING THE A	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A
Fee for Services:	No inspections requested/required. No fees required at this time.
Flammable Vegetation:	Not permitted.
First Aid Equipment:	Provide   maintain first and equipment and staff at all times.  Maintain adequate cellular communications to request medical three assistance vin "911" where needed.
Fire Extinguishing:	As provided by Parks and Recrection in their facilities. All food trucks (trailers must be inspected and approved by fire district before use Fire suppression systems required with cooking - grease laden foods
Special Arrangements:	Must maintain unobstructed access for emergency vehicle along parting to and north access road. baks and driveway must remove unobstructed out all times. Post staff where necessary to knop open.
	Print Name: Ken Bennett
	Signature: Kan Berth
	Title: Fire Marshal
	A
	Date: August 18, 2020



# EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropri	ate box(es) belo	W:
SPECIAL EV  USE OF CO  FILM PERM	UNTY PROPERTY P	ERMIT
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:		ow all CDC and FDOH directives, and the Florida Governor's Executive Orders and safety, especially with regards to COVID-19 and the number of people event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins  Douglas B. Higgins  Distriction of the County framegory Medical for Area, Live County friday solders, come crusts  one proceedings of the County friday great of the County friday great of the Area, Live County friday solders, come crusts  one procedure of the County friday and the County friday solders, come crusts  one procedure of the County friday of the County friday solders, come crusts  one procedure of the County friday
	Title:	Division Chief
	Date:	August 25, 2020



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) bel	ow:		
☐ SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVER	AGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPI			V WHAT ARRANGEMENTS	S YOUR ORGANIZATIO
Parking:	No event parking o	on Lee County maintained ro	ad rights-of-way.	
Ingress and Egress:	Use all established	means of ingress and egres	S.	
Special Arrangements:	None.			
	Print Name: Signature: Title: Date:	Bryan Miller  Bryan D. Miller  Senior Project Manager  August 18, 2020	Digitally signed by Bryan D. Miller Date: 2020.08.18 09:25:28 -04'00'	-



#### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropr	iate box(es) be	rlow:
[⊠] SPECIAL E	VENT PERMIT	
区 USE OF CO	OUNTY PROPERT	Y PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERI	MIT	•
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Must turn Fleld lig	hts off at 11:00 pm
Parking Areas:		orking plan and ensure that all driveways and emergency accesses remain open and copy vehicles to enter the property safely.
	Home Games at L Playoff games TBE	ehlgh Community Park - Sept 5th, Sept 19th, Sept 26th. 8 am - 11 pm
Special Arrangements:	per CDC guideline lightning alerts an Follow the Youth I and Recreation or	responsible to provide adequate staff/volunteers for litter control and debris clean up
	Print Name:	Alise Flanjack
	Signature:	Alic Flogak
	Title:	Deputy Director
	Date:	Aug 14, 2020
*		

Ledigh Raiders Football at Lenigh dum. park



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	e box(es) bel	ow:
SPECIAL EVE	NT PERMIT	
□ USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	-	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OLY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title: Date:	Mike Figueroa  This from  Risk Program Manager  August 26, 2020

#### **ACORD™**

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY)

07/29/2020

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 CONTACT K&K INSURANCE GROUP, INC. NAME: Cheryl Pettibone 1712 MAGNAVOX WAY (A/C, No. Ext): 800-441-3994 E-MAIL PO BOX 2338 (A/C, No): FORT WAYNE IN 46801 Cheryl.Pettibone@kandkinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: Scottsdale Insurance Company 41297 MEMBER NO: INSURER B: Nationwide Life Insurance Company LEHIGH ACRES FOOTBALL ASSOCIATION 66869 **PO BOX 160** INSURER C: LEHIGH ACRES, FL 33970 INSURER D INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER:**W00001576 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. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$300,000 KRS 0000008462800 08/01/2020 08/01/2021 REMISES (Ea occurrence) MED EXP (Any one person) Excluded 12:01 AM 12:01 AM PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$5,000,000 POLICY LOC PRODUCTS-COMP/OP AGG \$1,000,000 OTHER: PARTICIPANT LEGAL LIABILITY \$1,000,000 COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea Accident) ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE AUTOS ONLY (Per accident UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? STATUTE E.L. EACH ACCIDENT E.L. DISEASE -- EA EMPLOYEE (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT ADSD \$10,000 08/01/2020 08/01/2021 EXCESS MED DEDUCTIBLE SS MEDICAL PARTICIPANT ACCIDENT \$100,000 BAX 0000031331800 12:01 AM 12:01 AM DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED Owner/Lessor/Manager of Premises Utilized for Insured's Activities SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lee County Board of County Commissioners THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. PO Box 398 Fort Myers, FL 33902 AUTHORIZED REPRESENTATIVE Scott huntrel

<<0>>>

			2020 SC	HEDULE		
		ek 1			WEEK :	
AWAY		HOME		AWAY		HOME
Cape Jr	vs	North Port		North Port	vs	Charlotte
Charlotte	vs	Estero	. 8	Estero	vs	Cape Jr
Firecats	vs	Lehigh	*	Lehigh	vs	Sarasota
Riverdale		Sarasota		Firecats	vs	Riverdale
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Estero	vs	Riverdale		Lehigh	vs	Estero
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