

Old School Square

To the DDA Board Members:

My recommendation to the board moving forward for the **Club Delray Fitness and Wellness Event** scheduled for **September 27th** at Old School Square is as follows.

This is a **first-time event at Delray Old School Square**, and the organizers have expressed interest in making it a recurring program should it prove successful. This further underscores the importance of setting a fair and sustainable precedent for rental fees.

Based on the administrative support already provided, which includes four (4) planning meetings, email correspondence, and multiple phone calls, as well as the forecasted six (6) hours of on-site staff time at \$50 per hour (a total of \$600.00 in labor costs), it is my recommendation that the rental fee not be fully waived.

The standard venue rental fee for this event is **\$4,000.00**. In recognition of the community-oriented nature of the event, as well as the resources already dedicated by staff, I recommend that the rental fee be **reduced 50% to \$2,000.00**.

This recommendation reflects a balance between supporting community wellness initiatives and ensuring the DDA recovers a fair portion of the costs associated with staffing and facility use.

Thank you for your consideration.

Respectfully,

Alexandra Cosenza McCoy

Old School Square Coordinator

August 21, 2025

OLD SCHOOL SQUARE

Facility Fee Waiver Application

Please read and carefully complete the following application. Failure to provide accurate information may result in a delay or denial of your request for a fee waiver. Please attach a copy of your Facility Rental Application to this form and return to the Old School Square Administrator.

Submission of this application does not guarantee rental of facility.

Please note: text boxes have a limited number of characters.

A. Contact Information

Name of Group / Organization The Club Delray

Is this a non-profit organization/government agency/private company? No

Tax ID# (non-profit only)

Applicant name/Person responsible Joshua Brami

Title CEO

Cell phone 301-655-6875

Alternate phone NA

Email address Theclubdelray@gmail.com

Address 1465 Masters Circle Apt 155

City Delray Beach

State FL

Zip 33445

B. Facility Information

Indicate the specific facility or facilities for which you are requesting a fee waiver:

☐ OSS Campus

☒ The Amphitheatre

☐ Cornell Art Museum

☐ The Vintage Gym

☐ OSS Campus - East Lawn only

C. Event Information

1. Event Description and Purpose of Event

(Provide a detailed description of the event, its purpose, and the activities that will take place)

The Club Delray is a social wellness community that combines movement, recovery, and connection. Our event brings together the community for energizing workouts, cold plunges, recovery experiences, as well as meaningful connections. From group classes to saunas, cold plunges, DJ's, recovery zones, and local vendor activations, we create dynamic spaces where fitness meets fun, discovery, and connection.

Our Mission is to inspire a healthier, more connect community by making fitness fun, include, and accessible to all. We are committed to creating a welcoming environment where people of every background and fitness level feel empowered, supported, and part of something greater.

Anticipated Daily Attendance 500+

Anticipated Total Attendance 500+

2. Is your organization an official non-profit organization 501(c)3? ☒ YES ☒ NO

If yes, list the non-profit tax ID number:

3. Will you be charging a fee for this event? ☒ YES ☒ NO

If yes, list all charges:

4. Will the event be open to the public? ☒ YES ☒ NO

5. Is this event a fundraiser? ☒ YES ☒ NO

6. Has this event been approved by SETAC? ☒ YES ☒ NO

D. Event Dates, Times and Attendance

Set-up dates: 9/27/2027

Set-up start time: 6:00 AM

Event start date(s): 9/27/2025

Event start time: 10:00 AM

Event end date: 9/27/2025

Event end time: 1:00 PM

Breakdown date(s): 9/27/2025

Breakdown end time: 5:00 PM

E. Fee Waiver Information

Please complete the section below:

*Non-profit organization is required to provide verification of tax-exempt status

1. Name of specific department/unit responsible for event: The Club Delray

2. How does this event benefit the residents of Delray Beach?

The Club Delray provides access to fitness, yoga, pilates, cold plunges, and recovery activities that support physical and mental health. It encourages healthy habits and stress relief. The Club Delray also creates a welcoming space where locals meet, network, and build friendships around shared interests in health, fitness, and lifestyle.

3. What significant value or benefit will your event provide to Delray Beach and downtown businesses?

First, having the event at Old School Square with over 500 people will drive traffic to local businesses downtown. Second, we are including local studios like F45, Atha Yoga Shala, and Forme Pilates who will be running the workout classes. We are also partnering with other restaurants and wellness practitioners. It supports these businesses through collaborations and vendor opportunities.

4. Indicate the negative impact or financial hardship that the normal facility fees would create for your event or agency. You may attach a budget or financial statement for your organization to clarify the reason for your fee waiver request.

As we are making this a free event to the community, all costs are out of pocket. Please see breakdown for the event below:

Revenue- \$4,000*

DJ - 400

Ice - 900

Saunas - 400

Staff - 300

Photography/Videography - 900

Advertisement - 250

Garbage Cans - 200

Miscellaneous - 100

Total - \$3,450

*We are hoping to have 20 vendors with a vendor fee of around \$200, totaling \$4,000

F. Fee Waiver Request

1. Are you requesting a 100% waiver of all applicable rental fees? ☒ YES ☐ NO

If "no," which fees are you requesting to be waived?
(Note: refundable security deposit may not be waived)

<input type="checkbox"/> Facility Fee	\$	\$4,000.00
<input type="checkbox"/> Personnel (staffing)	\$	
<input type="checkbox"/> Cleanup	\$	
<input type="checkbox"/> Event Production Cost Per Person	\$	

If approved, final expenses and net revenue will need to be provided.

G. Budgetary Requirements

The proposed budget, including all income and expenses for this event, must be attached with this application. A post-event report will also be required.

Please see Number 4 above

H. Applicant Signature

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statement may result in denial of the requested permit or revocation of any issued permit.

Brami, Joshua [jbrami]

Digitally signed by Brami, Joshua
[jbrami]
Date: 2025.08.21 09:55:36 -04'00'

8/21/2025

Signature

Date