

TOWN OF WESTMINSTER ~ ROAD RACE APPLICATION

Note: This document will need to be updated any time there are changes.

DATE/REVISION OF THIS APPLICATION:

EVENT: What is the title of your event?

APPLICANT/ORGANIZATION:

EVENT MANAGER: Who is the event manager that day and what is their contact information for the day of the event in case of any problems that day?

DATE:

BENEFIT: Is this event in support of any group or charity? If yes, please explain.

If no, what is the purpose for this event?

LOCATION:

SCHEDULE: Event start and ending times:

RACE COURSE: *(Please explain in detail your race course and also attach a detailed map)*

PARKING:

ANTICIPATED PARTICIPATION: How many people are expected to turn out and are there any groupings or teams?

RESTROOMS: Location(s) and number of restroom(s):

PORT-A-POTTYS: Location(s) and number of port-a-pottys:
What is the name of the Company you are renting these from?

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FOOD: Do you plan any food concessions?
Are you providing any food or drinks to race participants? (Please describe)

TEMPORARY STRUCTURES: Do you plan any tents or other temporary structures?

MEDICAL/EMERGENCY PLAN: How do you plan on addressing medical emergencies?

COMMUNICATIONS PLAN: Do you plan on having any race marshals and will they have communication between each other?

SIGNAGE:

ROAD CLOSURES:

INSURANCE/LIABILITY: A Certificate of Insurance showing the Town of Westminster as certificate holder must be submitted prior to approval.

POLICE DETAIL:

For billing purposes, please provide the following:

Agency Name:

Contact Person:

Billing Address:

FINAL UPDATES/NOTIFICATIONS:

OTHER APPROVALS: