



TOWN OF WESTMINSTER

EVENT / RACE APPLICATION

(Note: this document will need to be updated any time there are changes)

Date/Revision of this application:		What is the Title of your Event:	
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Date of the Event:	
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Applicant/Organization:		Event Manager / Point of Contact for this event:	
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Contact Phone:		Email:	
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BENEFIT — Is this event in support of any group or charity? If yes please explain		If no, what is the purpose for his event?	
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LOCATION:		SCHEDULE: Event start & end times	
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RACE COURSE: Please explain in detail your race course and also attach a detailed map	
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PARKING:		ANTICIPATED PARTICIPATION: (How many people are expected to turn out and are there any groupings or teams?)	
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RESTROOMS: Location(s) and number of restrooms?		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 on any food concessions? Are you providing any food or drinks to race participants? (Please describe)	
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TEMPORARY STRUCTURES: Do you plan on any tents or other temporary structures?	
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MEDICAL/EMERGENCY PLAN:

How do you plan on addressing medical emergencies?

COMMUNICATION 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 billings purposes, please provide the following:

Agency Name:

Contact Person:

Billing Address:

FINAL UPDATES/NOTIFICATIONS:

APPROVALS:

Fire Dept:	Initial / Comments	
Police Dept:	Initial / Comments	
DPW:	Initial / Comments	
Board of Health:	Initial / Comments	
Building Dept:	Initial / Comments	
Administrator		