

CITY OF GALLIPOLIS
P.O. BOX 339
333 THIRD AVENUE
GALLIPOLIS, OHIO 45631
740-441-6022/cityrec@gallipoliscity.com

ROAD RACE PERMIT

DATE OF EVENT:

NAME OF EVENT:

ORGANIZATIONAL SPONSOR:

GENERAL GUIDELINES-*Please read carefully and sign below*

1. Complete applications must be submitted to the City Manager's Office no less than 30 days in advance of the planned event.
2. Certificate of insurance that indemnifies and holds the City harmless to be submitted to City Manager's Office **At Least 1 week prior to the event.**
3. Please list reliable contact information on this application. Those listed will be emergency contact information.

I, _____ am the person authorized by the applicant organization to make a request for a Road Race permit. I have read and understand the regulations and conditions stated in this application. It will be my responsibility to inform my associates, whom I represent, of these regulations and conditions. I also understand that if any person or persons in my organization fail to conform to the stated regulations found on the issued Road Race permit, sanctions may be imposed.

Signed

Date

APPLICANT CONTACT INFORMATION

NAME:

ADDRESS:

PHONE:

EMAIL:

EVENT INFORMATION

ASSEMBLY LOCATION:

STARTING LINE:

PERSON IN CHARGE AT STARTING LINE:

MOBILE PHONE:

FEES

Cost

Streets Closed: (\$ 25.00 Per Street)

OFFICERS: (\$ 35.00 per hour Min. 2 hours)
 Per officer

Officer Location:

Total Cost:

Recreation Director

Police Chief Signature:

Street Superintendent Signature:

City Manager's Signature: