

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:
