



# Competitive Race or Event Permit Application

| Applicant   |           |                           |   |
|---|-----------|---------------------------|---|
| Name:   |           |                           |   |
| Address:  |           |                           |   |
| Phone:  |           |                           |   |
| Email:  |           |                           |   |
| Organization  |           |                           |   |
| Name:   |           | Head of Organization:     |   |
| Address:  |           |                           |   |
| City:   | State:    |                           | ZIP Code:                                   |
| Phone:  | E-mail:   |                           |   |
| Event Coordinator: Individual whom should can be contacted with questions and day of event  |           |                           |   |
| Name:   |           | Cell Phone:               |   |
| Email:  |           |                           |   |
| Event Information   |           |                           |   |
| Name of Event:  |           |                           |   |
| Date of Event:  |           | Type: Bike Race, 5K, etc. |   |
| Please describe purpose of event:   |           |                           |   |
| Expected Event Location or Route: Please attach map   |           |                           |   |
| Start Time:   | End Time: |                           | Number of Participants: Estimate if unknown |
| Will evidence of liability insurance in the amount of \$5,000,000 naming the Village as an additional insured be provided : (circle) yes or no  |           |                           |   |
| Signature: for and on behalf of the event organizer or organization   |           |                           |   |
| I acknowledge that I have read and understand the permit conditions found in VBH Ord 9-7-1 et sec and agree to abide by the said conditions as well as any specific conditions as may be found in the attached and made a part of the permit. |           |                           |   |
| Print Name:   |           | Date:                     |   |
| Signature of Applicant:   |           |                           |   |
| In Office Use Only  |           |                           |   |
| Signature of Clerk if Approved:   |           | Date:                     |   |