



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: