

CITY OF SOMERS POINT

**APPLICATION FOR BIKE RACES, FOOT RACES OR OTHER EVENTS IN
THE CITY OF SOMERS POINT
(Pursuant to Ordinance No. 10 of 1997)**

Name of Organization: _____

Address: _____

Phone: _____ **Phone:** _____

Officer or Contact Person: _____

Address: _____

Phone: _____

Date of Event: _____

Emergency Phone # to contact on day of event and individual in charge:

Route of Event:

Are you requesting Police services for traffic, crowd control, etc.? _____ **If yes,**

Please explain: _____

Items to be attached to application:

- 1. Map of Route**
- 2. Hold Harmless agreement**
- 3. Insurance Certificate**

Date Application Received: _____

Date approved by Council: _____

Carol L. Degrassi, City Clerk