## CITY OF MILL VALLEY PARKS AND RECREATION DEPARTMENT

## ATHLETIC RACE PERMIT REQUEST

	Date Submitted	
Name of Event:		
	Number of Entrants:	
Number of Staff/Volunteers to be used on day of race:		
SPONSOR:		
Agency/Organization:		
Address:	Phone:	
Name of Director/Contact Person:		
Address:	Phone:	
nsurance Carrier:		
Policy #		
Personal Liability \$	Property Damage: \$	
Is this a fundraising event? Yes	No	
Other jurisdictions along race route:		

EVENT:		
Attach a Map of proposed race route.		
Start Location:		
Finish Location:		
Describe in detail the proposed race rou		
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Distance:		
What type of publicity will be utilized?		
Special services required:		
Street Closures(s):		
T (" 0 / 1		
Route Barricades:		
Trash Receptacles:		. *
Portable Toilets:		
Charina Aran	•	
Applicant Signature:		_Date: