



SPECIAL EVENT GENERAL APPLICATION

Note: There may be separate fees for the use of City parks or facilities, personnel, and vehicles.

Name of Individual or Organization sponsoring the event:

Reinhardt University

Organization Contact information: Phone: Dale Morrissey 4047905899 (cell)

Address: 7300 Reinhardt Circle Waleska Ga 30183

Email address: dsm1@Reinhardt.edu

Contact person authorized to act on behalf of the Organization: Dale Morrissey

Contact person information: Phone: 404790 5899

Address: Same as above

Email address: dsm1@Reinhardt.edu

Please also provide a copy of valid driver's license.

Name of event: 5K for A Day

Desired date(s) and time(s) of event: 9-16-2017

Estimated number of attendees: 150-200 Estimated number of event workers: 25

Set up time: 6:30 - 7:00 a.m. Clean up completed time: 10:30 A.M.

Location - check all that apply:

Amphitheater (Etowah River Park) ☐

Boling Park ☐

Brown Park ☐

Burge Park ☐

Cannon Park ☒

Etowah River Park ☐

Heritage Park ☐

Other (Please specify) _____

Purpose of event - check all that apply:

Athletic Event ☐

Carnival/Circus ☐

Concert/Performance ☐

Craft Show ☐

Cycling Event ☐

Exhibition ☐

Festival ☐

Film Shoot ☐

Fireworks ☐

Market ☐

Parade ☐

Road Race ☒

Street Dance ☐

Street Fair ☐

Rally/Assembly ☐

Wedding ☐

Other (Please specify) _____

Purpose of event - check all that apply:

Charity ☐

Fundraiser ☒

Entertainment ☐

Education ☐

Other (please explain): _____

Reinhardt University

Estimated number of attendees: 200 + Estimated number of event workers: 25
Set up time: 6:30 a.m. Clean up completed time: 10:00 A.M.

Has this event been held before? yes If so, where and when? Cannon Park
Canton GA

Will fees be charged for: Admission Amount \$25.00 - Registration
Vendors Amount _____
Entry Amount _____
Other (Please specify type) _____ Amount _____

Do you have event rental needs from the City (stage, electrical)? NO ?

Will sound amplification equipment be used? _____

What sort of sound will be amplified? _____

Will your event need security overnight or any other time aside from the hours of the event? NO

If yes, please explain what you need _____

Please provide any other information about your event that you believe would be helpful for planning purposes (attach additional documentation, if needed):

Liability Insurer Catlin Indemnity Company / AmTrust Insurance
Policy Number CNDGAEP301 Liability Limits Company of Kansas
(Attach copy of policy) 92000

WAIVER AND RELEASE: I/We agree to hold harmless and defend the City of Canton against any claim for damages, compensation or otherwise on the part of any participant or any other party, growing out of or resulting from injury which might occur as a result of activity at the facilities of the City of Canton, and to reimburse or make good any loss, damage or costs that the City of Canton may have to pay if litigation arises from injury to any participant or other party, under the laws of this or any other state as against such claims for reimbursement or indemnity by the City of Canton.

I/We also agree to reimburse the City for the cost of any clean up or damage repair that exceeds the required security deposit.

THE UNDERSIGNED DOES AFFIRM THAT THE INFORMATION GIVEN IS TRUE TO THE BEST OF HIS/HER BELIEF AND KNOWLEDGE.

Dale S Morrissey
SIGNATURE
Dale S. Morrissey

PRINT NAME
7300 Reinhardt Circle Waleska
ADDRESS
GA 30183

Date Received: _____

DATE
dsm1@Reinhardt.edu
EMAIL ADDRESS
404 790 5899
PHONE #

APPROVAL

POLICE:

SIGNATURE (Chief of Police) DATE: _____ APPROVED: _____
DISAPPROVED: _____

FIRE MARSHAL:

SIGNATURE (Fire Marshal) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PARKS & RECREATION:

SIGNATURE (Parks & Recreation Director) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PUBLIC WORKS:

SIGNATURE (Public Works Director) DATE: _____ APPROVED: _____
DISAPPROVED: _____

PUBLIC OUTREACH OFFICE:

SIGNATURE (Public Outreach Manager) DATE: _____ APPROVED: _____
DISAPPROVED: _____
Phone: 770.704.1548 fax: 770.704.1538

CITY MANAGER:

SIGNATURE (City Manager) DATE: _____ APPROVED: _____
DISAPPROVED: _____

SPECIAL EVENT APPLICATION

ROAD/CYCLING RACE

The City has determined two pre-approved routes for 5K races that work best for the City and the event. Please review the attached maps to determine which route will work best for you. If you know of an alternate route that is not established, please present it to the City; any alternative route will need to be approved by the City.

Once you have chosen the appropriate map, please print it out and mark where you will be placing the registration, entry/exit, start/finish, water stations, first aid station, portable toilets, etc.

Please furnish an expected timeline for your event:

Set-up start: 6:30 a.m

Sign in/on-site registration: 7:00 a.m

Assembly of entrants: _____

Race start: 8:00 a.m

Race finish: approximately 9:30 a.m

Awards/Prizes: after race

Clean up finish: 10:30 a.m

Number of participants expected: 200 +

Please list each vendor expected:

The event organizer must provide written notice to EVERY resident and business along streets that will be closed at least a week before of the event. The notice must provide the date(s) and time(s) that the street is expected to be closed. A copy of the notice must be provided to the **Public Outreach Manager.**

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.

RACE ROUTES

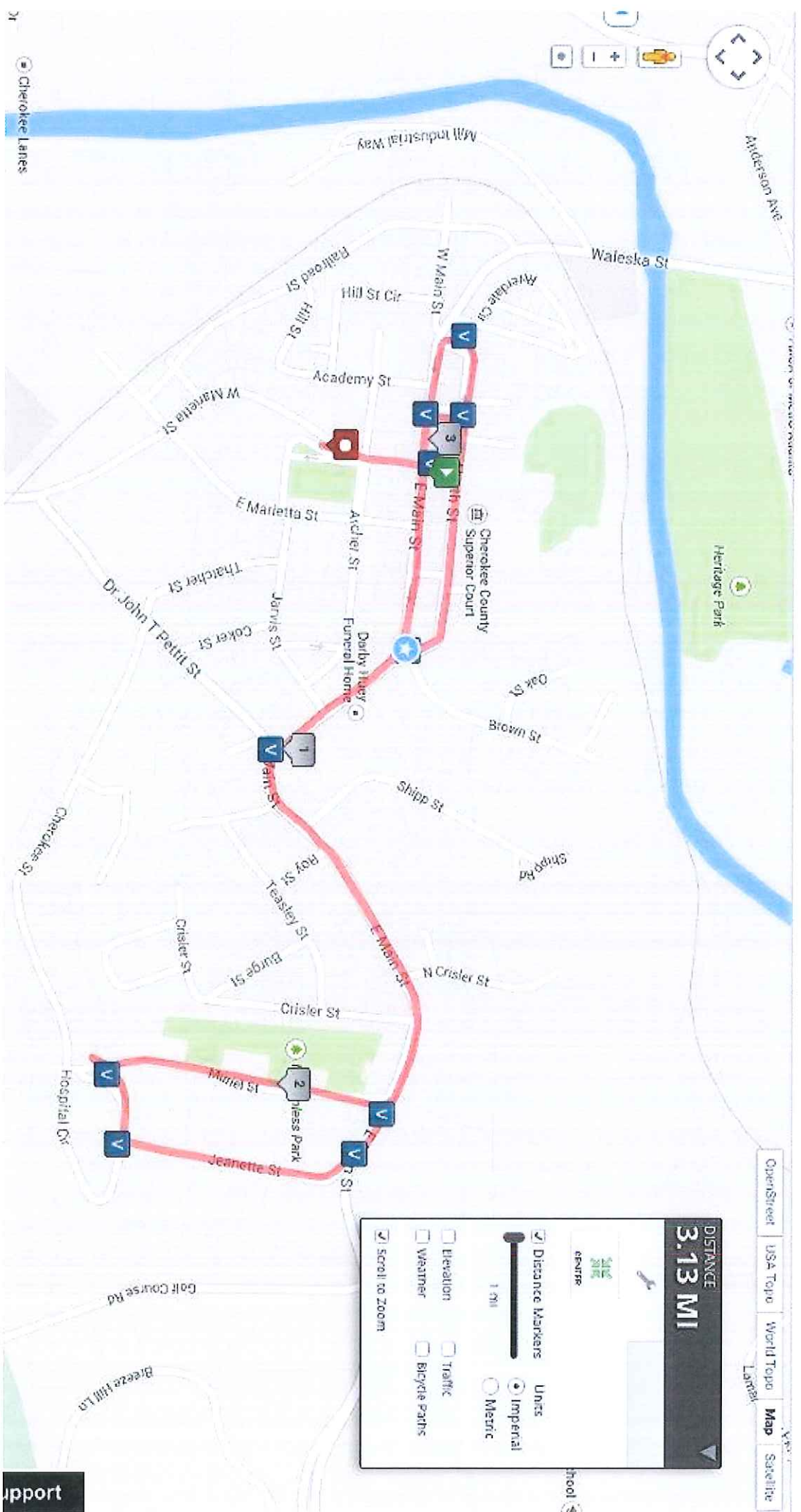
ETOWAH RIVER/HERITAGE PARKS ROUTE



DOWNTOWN ROUTE

Starts at the square and loops the square once where it then goes down East Main Street to Jeannette Street down Hospital Circle then to Muriel Street and back to the square on North Street. Requires City Council approval and (9) nine officers.





OpenStreet USA Topo World Topo Map Satellite

Layers

DISTANCE
3.13 MI

Scale
1 mile

☒ Distance Markers

Units
☒ Imperial
☐ Metric

☐ Elevation

☐ Traffic

☐ Weather

☐ Bicycle Paths

☒ Scroll to zoom

support

SPECIAL EVENT APPLICATION

DOWNTOWN EVENT

Please review the attached map of the downtown area and designate what portion of the area will work best for you.

If you want to include other areas around downtown please present it to the City; **any** area used will need to be approved by the City.

Once you have chosen an area, please print out the map, and mark where you will be placing the entrance/exit, vendors, tents, entertainment, water stations, first aid station, portable toilets, music, etc. Label each vendor. Please be considerate of the size and needs of each facility.

Please furnish an expected timeline for your event:

Set-up start: 6:30 a.m
Event start: 8:00 a.m
Event finish: Approximately 9:30 a.m
Clean up finish: 10:30 a.m

Do you expect that more parking will be needed than is generally available? **NO**

Please list each vendor expected:

The event organizer must provide written notice to **EVERY** resident and business along streets that will be closed at least a week before of the event. The notice must provide the date(s) and time(s) that the street is expected to be closed. A copy of the notice must be provided to the Public Outreach Manager.

The City's Police, Fire Marshal, Parks and Recreation Director, Public Works Departments, City Manager and Public Outreach Manager will review your choice to ensure it appropriateness.

Submit event map or create one here:

