

Application for 5K / 10K / Fun Run Event on City-Owned Property

Application Fee and Clean up Deposit: \$25 (non-refundable) + \$250 (refundable)

Submission Deadline: Minimum of 60 days prior to event

1. Sponsor Information

Organization/Individual Name: _____

Primary Contact Person: _____

Mailing Address: _____

Phone Number: _____

Email: _____

2. Event Details

Event Name: _____

Event Description (purpose/scope): _____

Event Date: _____

Event Start Time: _____

Event End Time: _____

Setup Time: _____

Takedown Time: _____

3. Route Information

Attach a detailed map of the proposed route, including:

- Starting and finishing point, water station locations (if applicable), and/or first-aid or medical station locations.

Map Attached: Yes No

4. Participants & Attendance

Estimated Number of:

Participants: _____ **Volunteers/Staff:** _____ **Spectators:** _____

5. Safety Plan

Traffic Control Plan, if needed (describe or attach):

Emergency/Medical Plan (describe or attach):

Volunteer Placement / Staffing Plan:

6. Parking & Restrooms

Describe available parking arrangements and restroom access for participants:

7. Cleanup Plan

Describe event cleanup procedures and responsible parties:

8. Insurance Information

A minimum of **\$1,000,000 general liability insurance** is required. The **City of Crossville must be listed as an Additional Insured.**

Insurance Certificate Attached: Yes No (must be submitted 7 days prior)

9. Additional Approvals (if applicable)

If other agencies must approve the route or activity (e.g., TDOT, County, private property, City Streets):

Documentation Attached: Yes No Not Applicable

10. Certification

By signing below, the Sponsor certifies that all information provided is accurate and agrees to comply with all City of Crossville policies, ordinances, and requirements for hosting an event on City-owned property.

Signature of Sponsor: _____ **Date:** ___/___/20_____

For City Use Only

Application Fee Received: Yes No Amount: \$25

Date Received: _____

Deposit Fee Received: Yes No Amount: \$250

Date Received: _____

Department Recommendation: Approve Deny

Comments: _____

City Manager Decision: Approved Denied

City Manager Signature: _____

Date: _____