



**SPECIAL EVENTS APPLICATION
WARWICK TOWNSHIP**

315 Clay Road
Lititz, PA 17543
Office 717-626-8900

Approved at 7/19/23
BOS meeting
Letter sent
8/8/23

Please print and Fill out application **completely**; failure to do so may delay permit for event.

This application must be submitted at least sixty (60) days prior to the event. Requests submitted less than 60 days run the risk of being denied.

SPONSORING ORGANIZATION: Hands-on House Children's Museum of Lancaster

CHIEF OFFICER OF ORGANIZATION: Jim Bland, Executive Director

APPLICANT/CONTACT (Name) Lowell Ladd E-mail Lowell@2LRaceServices.com

ADDRESS: 21 Landis Valley Road, Lancaster, PA 17601

PHONE (H): _____ PHONE (W): _____ PHONE (Cell): 484-319-1185

Please identify the contact person "on-site" the day of event. (Note: This person must be in attendance for the duration of the event and immediately available to Township staff or Police/NLCRPD).

NAME: Lowell Ladd PHONE(Cell): 484-319-1185

TYPE OF EVENT: ☒ **Run/Walk** ☐ Bike Race ☐ Sporting Event/Tournament ☐ Fair/Festival

☐ Fundraiser ☐ Other (Specify) _____

EVENT TITLE: Hands-on House Races

EVENT DESCRIPTION: 1/2 Marathon, 10K, and 5K road race (running) that will start and finish in Manheim Township. Only 1/2 marathon course (out and back) will travel into Warwick Township.

DATE REQUEST: 9/30/2023 ALTERNATE DATE: _____

IS PRE-REGISTRATION REQUIRED? Yes ☒ No ☐

ESTIMATED # OF EVENT ATTENDEES /PARTICIPANTS: 750

SITE PLAN AND ROUTE MAP

Event Set-up: Date: 9/30/2023 Day of Week: Saturday Time: 5:00am

Street Closing for set-up, Stages, Tents, etc. Date: _____ Time: _____

Street(s) to be Closed: none

(Submit a Site Map with the application)

Event Opens: Date: _____ Day of Week: _____ Time: _____

Street Closing for Race, Parade, etc.: Date: _____ Time: _____

Street(s) to be Closed: none in Warwick Township

(Submit Route Map with the application)

Race, Parade or escort Start Time: 8:00am

Daily Festival or Street Party Times: _____

Road Race Service Co. And Phone: 2L Race Services 484-319-1185

Event Closes: Date: _____ Day of Week: _____ Time: _____

Street Opening: Date: _____ Day of Week: _____ Time: _____

Event Dismantle: Date: 9/30/2023 Day of Week: Saturday Time: 11:00am

Street Opening Date: _____ Day of Week: _____ Time: _____

Traffic Control by (Co. used and contact) WD Wright (James O'Leary 717-969-0085)

INSURANCE:

- Before final permit approval will be granted, the applicant must provide an original and current certificate of general liability insurance, including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000.
- The certificate must name "**Warwick Township**" as an "**additional insured**".
- Coverage must be maintained for the duration of the event. *The Township of Warwick reserves the right to request a copy of the entire Insurance policy.*

Name of Insurance Carrier: 

Agent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business phone: _____ E-Mail: _____

