



**SPECIAL EVENTS APPLICATION
WARWICK TOWNSHIP**

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

MAY 17 2023

Approved 5/17/2023

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: HARTZ Physical Therapy Charitable Organization

CHIEF OFFICER OF ORGANIZATION: Wendy Enck

APPLICANT/CONTACT (Name) Wendy Enck E-mail wenck@hartzpt.com

ADDRESS: 100 Highlands Dr, Suite 100 Lititz PA 17543

PHONE (H): 717-625-2228 PHONE (W): 717-396-7766 PHONE (Cell): 717-799-0078

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: Wendy Enck PHONE(Cell): 717-799-0078

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

Fundraiser Other (Specify) _____

EVENT TITLE: Hartz Physical Therapy Fall Blast 5K Run/Walk

EVENT DESCRIPTION: 5K charitable run/walk. Please see attached Race course. This will be our 20th year and all proceeds (100%) will go to Gigi's of Lancaster

DATE REQUEST: 10/7/23 ALTERNATE DATE: N/A

IS PRE-REGISTRATION REQUIRED? Yes X No _____

ESTIMATED # OF EVENT ATTENDEES / PARTICIPANTS: 300

SITE PLAN AND ROUTE MAP

Event Set-up: Date: 10/7/23 Day of Week: SAT Time: 6 AM

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

Street(s) to be Closed: N/A

(Submit a Site Map with the application)

Event Opens: Date: 10/7/23 Day of Week: SAT Time: 9 AM

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

Street(s) to be Closed: _____

(Submit Route Map with the application)

Race, Parade or escort Start Time: 9 AM

Daily Festival or Street Party Times: _____

Road Race Service Co. And Phone: _____

Event Closes: Date: 10/7/23 Day of Week: SAT Time: 10³⁰ AM

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

Event Dismantle: Date: 10/7/23 Day of Week: SAT Time: 11 AM

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

Traffic Control by (Co. used and contact) _____

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: _____

