

SPECIAL EVENTS APPLICATION WARWICK TOWNSHIP

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

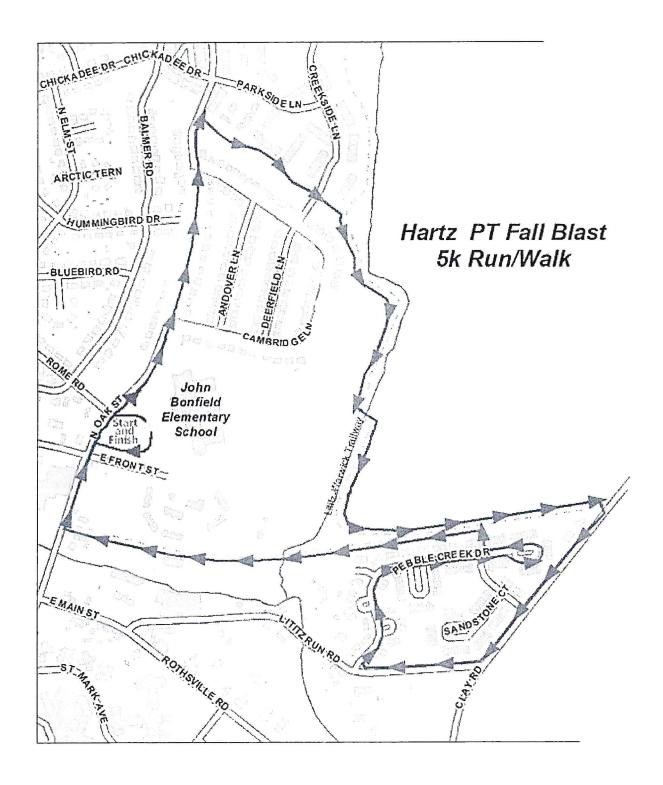
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	Approved	5/17	2022
Please print and Fill out application completely: failure to	do so may dolay por	mit for ou	ont

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 byganiza
CHIEF OFFICER OF ORGANIZATION: Wendy Enck
APPLICANT/CONTACT (Name) Wendy Encil E-mail Wenck @hartzpt.com
ADDRESS: 100 Highlands Dr. Site 100 Lititz PA 17343
PHONE (H): 717-625-2228 HONE (W): 717-396-7766 PHONE (Cell): 717-799-6078
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 Gnck PHONE(Cell): 7/7-799-0078
TYPE OF EVENT: Run/Walk Bike Race Sporting Event/Tournament Fair/Festival
Fundraiser Other (Specify)
EVENTTITLE: Hartz Physical therapy Fall Black 3K Lun Wal
EVENT TITLE: Hartz Shysical therapy Fall Black 3K Lun Wall, EVENT DESCRIPTION: 5K Chantable Sun Walk, Glens see
attached Race Course. This Will be our 20th
year and all proceeds (100%) will go to Gigis
of hancaster
DATE REQUEST: 10/7/23 ALTERNATE DATE: N/A
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IS PRE-REGISTRATION REQUIRED? Yes X No

SITE PLAN AND ROU	TE MAP	b=-			
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	d: <u> </u>				
(Submit a Site Map with the application)					
Event Opens: Date: 2	10/7/23	Day of Week SAT	Time:		
Street Closing for Rac	ce, Parade, etc.:	Date:	Time:		
Street(s) to be Closed:					
(Submit Route Map with the application)					
Race, Parade or esco	rt Start Time: 9 Am				
Daily Festival or Stree	et Party Times:				
Road Race Service Co. And Phone:					
Event Closes:	Date: 10/7/25	Day of Week: SAT	Time:/0 30 Am		
Street Opening:	Date:	Day of Week:	Time:		
Event Dismantle:	Date: 16/7/23	Day of Week:	7_ Time:		
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:				



1 /1