

**CITY OF METTER
APPLICATION FOR 5K RUN**

Date: _____

Name of Applicant: _____

Address: _____ Date of 5K Run: _____

Name/Description of Event: _____

Telephone #: _____

Email Address: _____

If 5K Run is proposed to be conducted for, on behalf of, or by an organization, please provide the following information:

Name of Organization: _____

Address: _____ Presiding Officer: _____

Telephone #: _____ Address: _____

5K Run Chairman (Person responsible for its conduct): _____

Telephone #: _____ Address: _____

Starting Point of 5K Run: _____

Ending Point of 5K Run: _____

Route to be followed: _____

Estimated number of participants: _____

Will there be animals participating in 5K Run: _____

If yes, what type of animals: _____

Time that participants will assemble: _____

Beginning Time of Run: _____ Ending Time of Run: _____

Additional Information: _____

Authorized Signature: _____

Approved by City: _____

Denied by City: _____

Date: _____