

TOWN OF WILBRAHAM
240 Springfield Street
Wilbraham, Massachusetts 01095



APPLICATION AND NOTICE FOR CHARITABLE WALKING or RUNNING EVENT

Today's Date: _____

Group name: _____

Group address: _____

Person in charge: _____

Telephone or e-mail for contact: _____

Date of event: _____

Rain date: _____

Hours (beginning and end): _____

Approx. number of participants (including staff): _____

Approx. number of spectators: _____

Describe event (please append a sample of the promotional literature, registration literature or advertising) : _____

Intended route (start to finish): _____

Map enclosed: _____ Number of crossing monitors: _____

Location of crossing guards/monitors: _____

**Reviewed by the Board of Selectmen without objection on _____(date)
and forwarded to the Wilbraham Police Department for action and review.**