

## **Application to Conduct a Special Event on a Provincial Highway**

	APPLICANT INFORMATION						
Sponsoring Organization:							
Applicant's Name:							
Mailing Address:							
Telephone No.:			Fax No.:				
Mobile Phone No.:			Email Address	5:			
EVENT DETAILS							
Name of Event:							
Date of Event:	vent:		☐ Walkathon			ime Trial	
Start Time:			☐ Procession		☐ Triathlon/Duathlon		
End Time:			☐ Run/Foot Race		☐ Vehicle Procession		
Number of Participants:			☐ Bikeathon/ Bicycle Tour		☐ Parade		
Has the event the event been held in YES			•		☐ Commercial Filming		
previous years under the same na	☐ Bicycle Race			□ Commer	Ciai Filming		
NO NO			☐ Other (Describe)				
Police Agency has been contacted and have committed to providing traffic control							
Name of Police Contact Person:  Proposed Route (please describe below and also provide a map or sketch, attach additional pages if necessary)							
Toposed Notice (please describe below and also provide a map of sketch, attach additional pages if necessary)							
By signing below:							
I/We hereby apply for permission to conduct a special event on the Provincial highway(s) as described in the information provided with this application.							
I/We have read the <i>On-Highway Special Events Guide</i> and understand that the proposed special event is not authorized to proceed							
unless a Special Event Highway Use Permit is issued and then is only to be conducted in compliance with the terms and conditions of that permit.							
I/We understand that the permit holder is responsible for ensuring that the necessary measures are taken to protect the safety of all							
of the participants, spectators, staff, volunteers, and other users of the Provincial highways impacted by the road closure.  I/We have contacted the local the law enforcement agency (RCMP, Town or City) to discuss the proposed special event and they							
have committed to providing tra				y) to discuss t	he proposed specia	al event and they	
I/We understand that the Proving responsible for whatever may o			-	-			
I/We assume all responsibility a outlined in the On-Highway Spe		proposed s	pecial event and h	ave arranged	for appropriate ins	urance coverage as	
Insurance Provider:							
Policy Number:				Expiry Date:			
Applicant's Signatu	·		Date o	of Application			