

Upper Gwynedd Township-Event Initial Application

Applicant Name: (Applicant must remain on location during event)	
Address	Zip
Best Phone #	Alt Phone #
Email Address	Alt Email

Group Name	Date	Start/Finish Time
Type of Event	Date/Time	
Location	Duration	
Resources Needed		
Planned Activities		
Number of participants/spectators expected		

This initial application is NOT to be construed as approval for this event. The process detailed below must be followed in order for any event to be considered. An event is ONLY approved after final approval is granted by both the Upper Gwynedd Police and the Upper Gwynedd Board of Commissioners. This signed application is to be submitted to the Upper Gwynedd Police Department for review. You will be contacted by them to coordinate the event further.

Application Process:

1. Detailed event plan
2. Maps of all affected areas/routes (Google Earth or Similar)
3. Signed agreement to notify, in writing, residents along the route of any event using roadways within Upper Gwynedd
4. All volunteers working in a traffic control duty are required to wear fluorescent/reflective vest
5. The group/organization agrees to add the Township as an additional insured to any general liability insurance policy maintained by the group/organization. Such coverage is to be primary and non-contributory. A waiver of subrogation in favor of the Township on the comprehensive liability and workers compensation coverages is to be included. A certificate of insurance is to be provided to the Township giving evidence of such coverage prior to the use of the Township facilities. A copy of the workers compensation endorsement providing waiver of subrogation on the Township's behalf is to be sent to the Township upon availability and prior to the use of the Township facilities.

By signing below you understand and agree to follow all requirements set forth by the Township of Upper Gwynedd and its Police Department both listed on this application and those that may be required based upon the specifics of the event.

Signature	Date
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