



City of Brockton Road Race Application

Name of Applicant: _____

Address: _____

Telephone Number:(H) _____ (Cell) _____

Contact Person: _____

Contact Person's Address: _____

Contact Person's Telephone Number:(H) _____ (Cell) _____

Date of event: _____

Specify time of event: ____:____ AM/PM to ____:____ AM/PM

Type of event and Number of Expected Attendance: _____

Please describe what if any security arrangements have been made for this event:

****A COPY OF 501 (c)(3) CERTIFICATE MUST BE INCLUDED BEFORE ANY PERMIT IS APPROVED****

****\$25.00 NON REFUNDABLE APPLICATION FEE (MONEY ORDER ONLY MADE PAYABLE TO THE CITY OF BROCKTON) MUST ACCOMPANY THIS APPLICATION.**

****ALL PORT A POTTIES MUST BE PICKED UP NO LATER THAN 48 HOURS AFTER EVENT****

Parking is limited and available in designated areas only.

Signature of Applicant

Date

"City of Champions"

PARK DEPARTMENT ■ 45 MEADOW LANE ■ BROCKTON, MASSACHUSETTS 02301

TEL: (508) 580-7860 FAX: (508) 580-7874

park@cobma.us