CITY OF SOMERS POINT

APPLICATION FOR BIKE RACES, FOOT RACES OR OTHER EVENTS IN THE CITY OF SOMERS POINT

(Pursuant to Ordinance No. 10 of 1997)

Name of Organization:	
Address:	
	Phone:
Officer or Contact Person:	
Address:	
Phone:	
Date of Event:	
Emergency Phone # to contact of	on day of event and individual in charge:
Route of Event:	
• •	ices for traffic, crowd control, etc.? If yes,
umbrella. City to be	ement e (\$1.0 Million General Liability and \$5.0 Million e endorsed on the Certificate as an additional insured of Somers Point, its elected officials, officers, agents,
Date Application Received:	Date approved by Council:
Approved by Police Chief	Carol L. Degrassi, City Clerk