



**TOWN OF WRENTHAM**  
**OFFICE OF THE TOWN MANAGER**  
 MUNICIPAL BUILDING  
 79 South Street  
 Wrentham, MA 02093  
 Tel: 508-384-5400  
 www.wrentham.gov

**Kevin A. Sweet**  
 Town Manager

**Gregory S. Enos**  
 Assistant Town Manager

Event Name: \_\_\_\_\_

Race Date: \_\_\_\_\_ Time of race: \_\_\_\_\_

Race Organizer: \_\_\_\_\_

Contact Person (*must be at least 18 years old*)

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Expected number of participants: \_\_\_\_\_ Is this a fundraiser:  yes  no

Race Start Location: \_\_\_\_\_

Race End Location: \_\_\_\_\_

Organizer has permission from owner of start/finish location:  yes  no

Streets on Race route: (please attach route map separately)

Please describe plan for staffing along race route:

Please describe plan for street crossings:

Will a Police Detail be hired for the race? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----OFFICE USE -----

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_ Town Manager