Office of the Clerk

Marguerite Greco

TOWN OF TONAWANDA
RUN/WALK REQUEST FORM

Date of Application: _____

Requesting Organization: _____

Name of Representative: _____

Address: _____

Business phone: _____ **Cell phone:** _____

Email: _____

Name of event: _____ **Event Date:** _____

Event Time (include necessary setup/cleanup): _____

Est. number of participants: _____ **(please include walkers/runners/volunteers/staff, etc.)**

I agree to the conditions set forth by the Town of Tonawanda: **yes____ no_____**

I agree that we must use the provided 5K USATF Certified course: **yes____ no_____**

Return this application to the Town Clerk's office with your $25.00 non-refundable fee.

FOR INTERNAL USE ONLY **Application Fee Paid on** _____

Approval received from: **Town Supervisor:** _____ **Police Department:** _____

Youth & Recreation: _____ **Town Highway:** _____

Estimated Police costs: _____

Amount due: _____ **Date received from applicant:** _____

2919 Delaware Ave., Municipal Building Room 14, Kenmore, New York 14217-2308
Phone: (716) 877-8800 ● Fax: (716) 877-0578 ● Internet: http://www.tonawanda.ny.us/townclerk