



TOWN OF EDGARTOWN  
OFFICE OF THE SELECTMEN  
70 Main Street, P.O. Box 5158  
Edgartown, MA 02539  
508-627-6180

## ROAD RACE/WALK APPLICATION

Fee: None

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

**The undersigned are applying for a road race/walk on the streets  
and/or roads of the Town of Edgartown.**

Name of Organization: \_\_\_\_\_  
Mailing Address of Organization \_\_\_\_\_  
Name of Person in Charge: \_\_\_\_\_ Phone# \_\_\_\_\_  
Email: \_\_\_\_\_

Name of Road Race/Walk: \_\_\_\_\_  
Distance: \_\_\_\_\_  
Date: \_\_\_\_\_ Start and End Time: \_\_\_\_\_  
Roads Included: \_\_\_\_\_  
\_\_\_\_\_

**\*\*The following departments must approve this application and sign off  
before it is presented to the Board of Selectmen.\*\***

### Police

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Police Chief

### Fire

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Fire Chief

### Highway

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Highway  
Superintendent

**Note: \*\*Required with this application is a map of the race/walk with any water table and temporary restroom locations noted. Also required is a full description of a parking plan and clean up plan. All applications must be filed with the Board of Selectmen by noon Thursday to be on the next scheduled agenda\*\***