



GLCRS Race Application

Name of Event: _____

Name of Organization: _____

For Profit: Yes No Non-Profit: Yes No Charity Supported (If any): _____

Race Director Name: _____

Address, City, State: _____

Phone: _____ Email: _____

Race Website: _____ Year Race Originated: _____

No. of Runners Expected: _____ Registration Price: Adults \$ _____ Children \$ _____

Location of Race: _____

Course Predetermined?: Yes No Map of Course?: Yes No Mile Markers on Course?: Yes No

Multiple distances: Yes No Distance _____ Distance _____ Distance _____

Course USATF Certified?: Yes No If Yes, course certification #: _____

Do you offer Online Registration?: Yes No Timing Method: _____

Race Date & Time: 1st Choice _____ 2nd Choice _____

Route Description/Type: (Ex: grass, paved, trail, public streets, shared with traffic, etc.)

Event parking capacity: _____

Restroom facilities available?: Yes No Description: _____

Race SWAG/giveaways provided _____

to participants with entry fee: _____

What post-race refreshments are provided: _____

Age group increments for Awards: _____

How many place awards in each group?: _____

Describe awards (Medals, Ribbons, Other): _____

Please explain your race evaluation process: _____

***NOTE:** Races need to provide a certificate of insurance with GLCRS listed as additional insured



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SAFETY PROCEDURES FOR EVENT:

Law Enforcement/Safety Officer Presence: _____

Course Markings: _____

Intersection Control: _____

Procedure to ensure all runners are accounted for: _____

What expectations do you have of GLCRS?: _____

Other Comments/Information: _____

GLCRS Vision Statement:

*Inspiring and motivating everyone to be active
by promoting health and wellness through a series
of race events that are fun, safe, and well organized.*

Submit completed race application to GLCRS Board

Email: Jay Lawton @ vintage57jayman@gmail.com / 320.905.7018