



## Road Race / Public Event Request Form

### Town of Bethlehem

447 Delaware Avenue -- Delmar, NY 12054  
(518) 439-9973 Fax: (518) 478-0349

**After completion of form, please contact the Bethlehem Police Department at 518-439-9973 or drop off at 447 Delaware Avenue and ask for the officer in charge of public events.**

Today's Date: \_\_\_/\_\_\_/\_\_\_ Event Date: \_\_\_/\_\_\_/\_\_\_ Event Held Previously? yes\_\_no\_\_

Type of Event: Road Race/Walk Bicycle Race Other Public Event (circle one)

Event Name/Distance/Location: \_\_\_\_\_

Start Time: \_\_\_:\_\_\_ am/pm End Time: \_\_\_:\_\_\_ am/pm Estimated # of participants \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
(where you can be reached during daytime hours)

Contact Address: \_\_\_\_\_

Percentage of Profits Donated to Not-for-Profit Organization: \_\_\_\_\_% (optional)

All Foot and Bike Races - \$50 Permit Fee			
	Route Length	Base Fee	Participants Variable Fee
Race Fees	2 Miles	\$650	1-99 \$0
	3.1 Miles (5K)	\$750	100-249 \$250
	5 Miles	\$1,150	250-499 \$500
	6.2 Miles (10K)	\$1,200	500-749 \$650
	10 Miles	\$2,150	750-999 \$1,000
	13.1 Miles	\$2,950	1,000-1,499 \$1,500
	26.2 Miles	\$5,450	1,500-1,999 \$2,000
	Utilization of Traffic Circle	+\$1,100	>2,000 As Approved

Road races and other public events requiring traffic and/or crowd control are subject to town approval. These events draw upon town resources and may be approved only after considering public safety, use of public resources, community interest, and impact on general public convenience. This request form assists the Bethlehem Police Department in its initial review of these questions, and state approval is also required for events involving state roads. Requests must be submitted at least three months prior to the planned event date.

For races/walks/bicycle or other events approved on public roadways, a fee is charged according to the schedule above, where applicable; all fees are approved and billed by the Comptroller's office.

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#### For Internal Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_

BPD Recommendation: \_\_\_/\_\_\_/\_\_\_ Approve \_\_\_ Disapprove \_\_\_

Staffing Required? \_\_\_\_\_

Supervisor Action: \_\_\_/\_\_\_/\_\_\_ Approve \_\_\_ Disapprove \_\_\_