



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: _____

of Runners Expected _____ Registration Price: \$ _____

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 age group? _____

Describe awards (medal, ribbon, other, etc.) _____

Please explain your race evaluation process _____

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



Explain 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 & wellness through a series of race events
that are fun, safe & well organized.*

Submit completed Race application to GLCRS Board

Email: mmccleery@tds.net

Mail: PO Box 1056, Willmar, MN 56201