


Special Event Application

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| Organization/Group: Methodist Mansfield Medical Center | Date: 10/1/18 |
| Applicant: Demery Cox | |
| Applicant's Address: 601 Winterwood Dr., Kennedale, 76060 | Phone No. 682-552-9555 |
| *Will be called or emailed for more information needed and/or when the permit is ready for pick-up | Email: coxracingservices@gmail.com |
| Address of Event: 2700 E. Broad St., Mansfield, TX 76063 | |
| Description & Activities: 1 Mile Fun Run/Walk, 5K, & Half Marathon | |
| Date of Event: January 26, 2019 | Hours of Event: 6:00 AM - 12:00 PM |
| Public Invited or Private Party? This is an Public Event. | Estimated Number of Attendees 1,000 |
| Is the event in a Mansfield Park? Yes, Katherine Rose Park | *If yes, Insurance is required |
| Do you plan to Temporarily Close a Public Street? No | *If yes, Insurance is required |
| Is the event on Private Property other than your own? No | *If yes, signed permission is required |
| Will there be any new or temporary electric lines installed? No. | |
| *If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan. | |
| Will you be using generators? No | *If yes, show location on the site plan |
| Do you plan to have any Tents? No | *If yes, a separate permit is required. |
| Do you plan to have any pop-up canopies? Yes | |
| Do you plan to have any Promotional Signs? (banners, streamers, balloons) No | *If yes, a separate permit is required |
| City of Mansfield Assistance Requested: | |
| Barricades/ Street Closure? There will not be any full street closures. | *If yes, show on site plan where you want to have barricades. A resident roster must be submitted for a block party. |
| Police/Traffic Control/Security? We are working with Mansfield PD. | *If yes, attach an explanation and the name of the person you are working with |
| <p style="text-align: center;">Please Read and Include the Following Information With This Application</p> <ul style="list-style-type: none"> For all outdoor activities, a site plan must be attached. One can be provided if requested. You need to show where all items will be located on the site plan. If Insurance is required, the City of Mansfield must be listed as "Additional Insured". All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event. | |
| Applicant's Printed Name: | Applicant's Signature: |
| Demery Cox |  |

** Insurance to follow*

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: 2019 Run With Heart January 26, 2019

Name of Group Assisting:

☒ Mansfield Police

☐ MISD Police

☐ Constable Office

☒ Other Methodist Mansfield Medical Center Police Department

Please check all that apply:

☒ We have an agreement to be Traffic Officers for this Special Event.

☒ We have an agreement to be Security Officers for this Special Event.

☐ Other:

Demery Cox
Signature

Demery Cox

Printed Name/ Job Title

601 Winterwood Dr., Kennedale , 76060

Mailing Address

682-552-9555

Contact Phone Number

/coxracingservices@gmail.com

E-mail



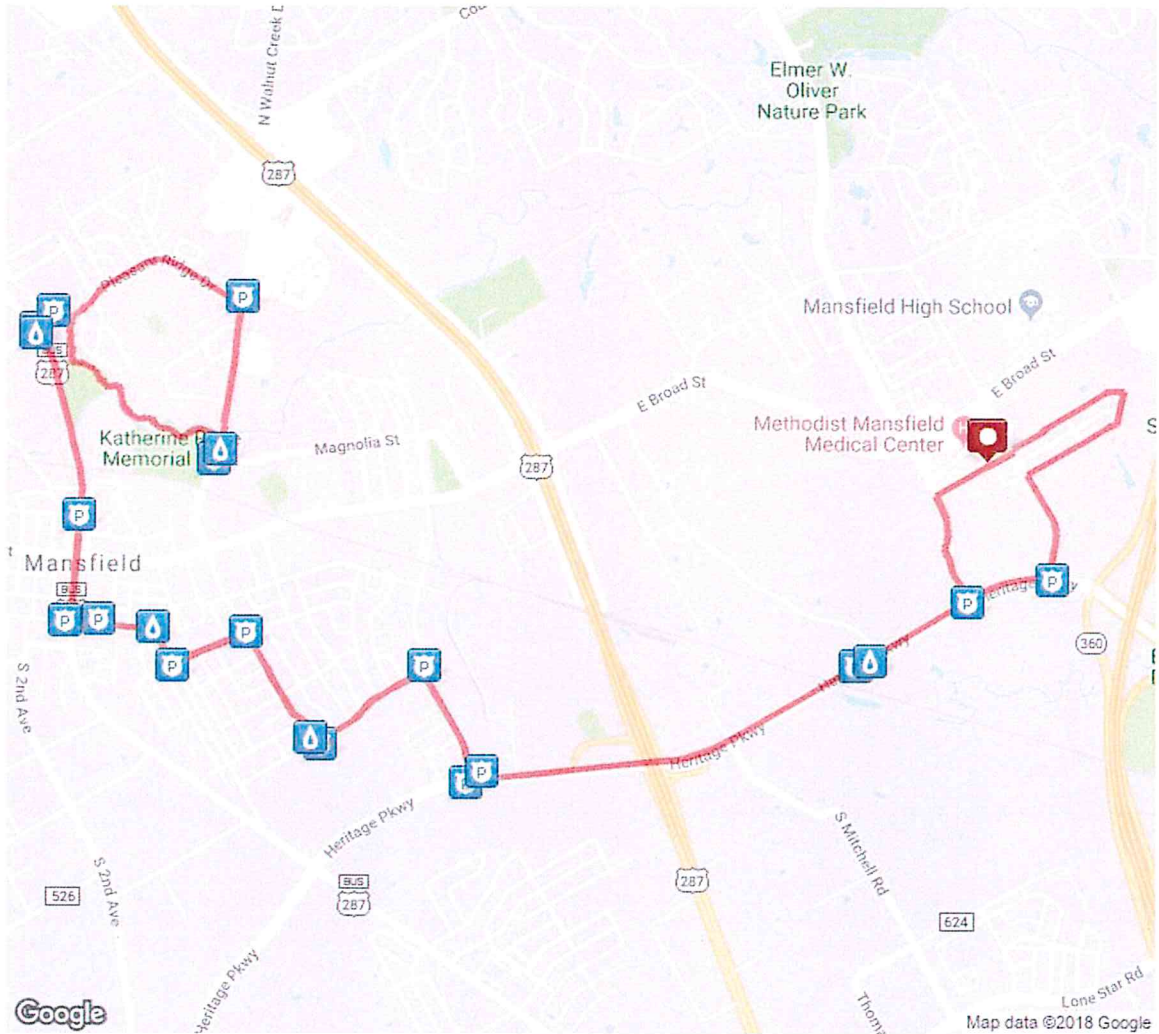
2019 Run With Heart Half Marathon Route

Distance: 13.21 mi

Elevation Gain: 291 ft

Elevation Max: 674 ft

Notes





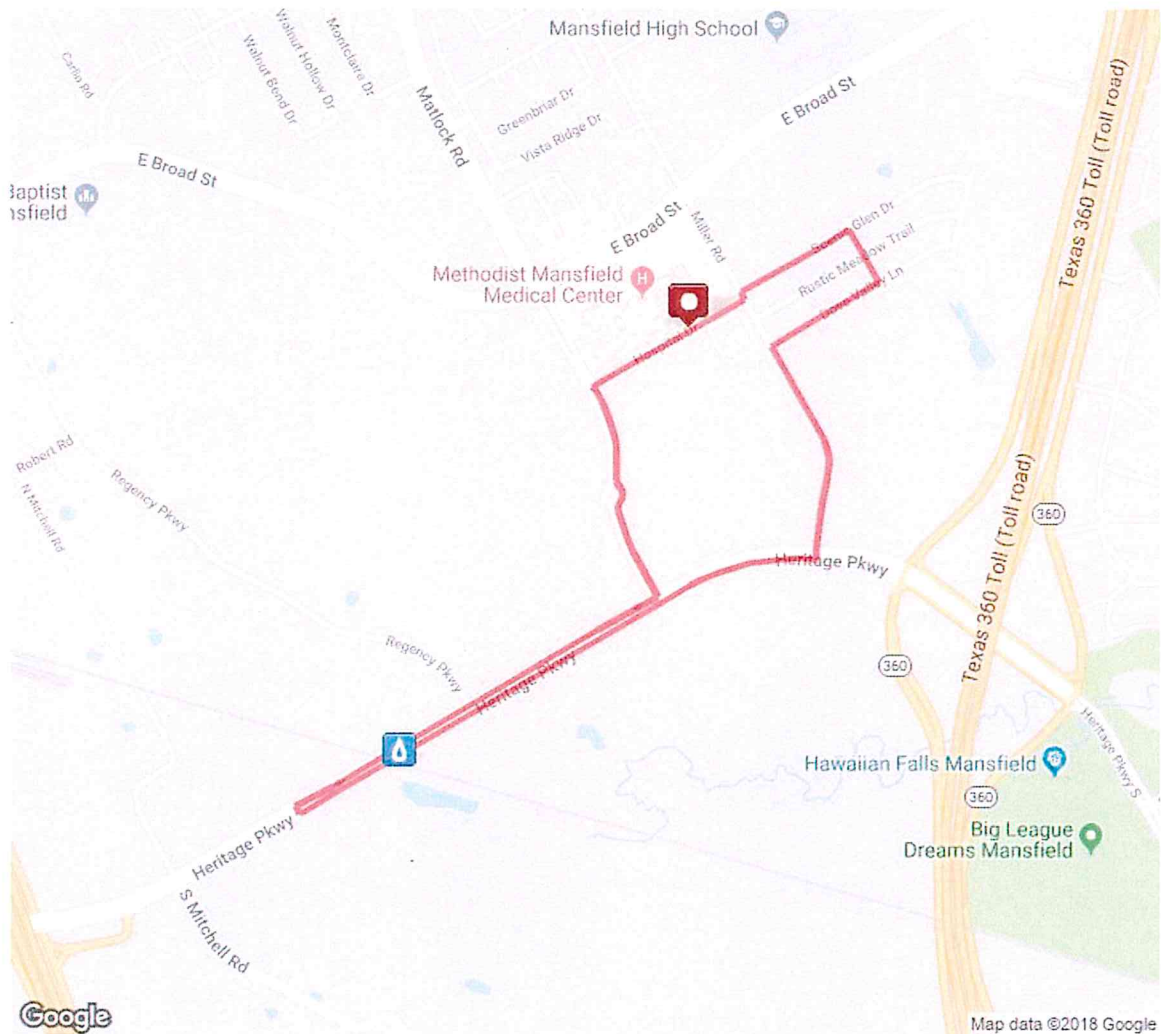
2019 Run With Heart 5K Route

Distance: 3.07 mi

Elevation Gain: 45 ft

Elevation Max: 625 ft

Notes





2019 Run With Heart 1 Mile Route

Distance: 1.05 mi

Elevation Gain: 23 ft

Elevation Max: 625 ft

Notes

