

- Completed applications must be received at least 90 days prior to the event. Incomplete applications or applications received less than 90 days before the event may not be considered.
- This application is to be used to attain approval for road events utilizing municipal roads within Foothills County, and/or to make certain that the County has no objection to the use of provincial highways for an event (a requirement of the province).
- This application is for road events only. Special events that are to be held on lands
 located within the municipality may need to acquire a special events permit. This may
 include pre or post celebrations associated with your road event. Please contact
 planning@foothillscountyab.ca to find out if you need a require a special events
 permit.

PART 1 – CONT	ACT DETAILS			
Name of Group /	Organization:	Crankmaster	S	
Mailing Address:	Address 1			
	Address 2			
	City		Province	Postal Code
Email Address:				
Event Coordina	tor Contact inf	ormation:		
Contact Person:	Mike Vance		Title:	Ride Co-Ordinator/ExecMembe
Phone:		_	Cell:	
Email:				
On-Site Contact	: Information:			
Contact Person:	Peter Heineme	/er	Title:	Commissaire
Phone:		Cell:		
Email:				



PART 2 - EVENT DETAILS

Name of event:	Priddis Road Race				
Dates for event:	May 14 2025				
Times for event:	From:	Wednesday	To:	6:00 pm to 9:30 pm	
Municipal roads ro Township and Rai		or the event: (Please referends)	ce Stre	eets and Avenues, not	
186 W, 240 Stree	t W, Plun	nmers Road			
Provincial highwa	ys requii	red for the event:			
Staging (pre and	post eve	ent) and rest stop / aid station	n locati	ions (please list all):	
At the start of each	ch event	t, each group A, B, C lines u	p - tha	at's the only grouping	

*Please attach a map illustrating the details of the route, including all roads proposed for the event, locations of planned rest stops or aid stations and any lands/locations proposed for staging or pre/post events.



Describe the nature and objectives of event:
Competitive road racing (cycling)
Is this a repeat event? If so, please provide dates of previous events:
No
Projected number of people involved in this event:
Participants: 40 Spectators: 10 Volunteers: 4
How will these individuals be identified:
Participants have numbers on jerseys and bikes
Volunteers will have reflective vests
The remaining information under this part may be provided on separate pages and attached to this application if required.
Provide details on how the event will be operated along municipal roads and highways:
Start of race has 3 separate starts (A, B, C). Riders spread out after the start and stay to the shoulder.
Corner Marshalls to direct riders into the turn.



Provide details on what efforts will be taken to limit impacts of the event to local motorists and residents along the proposed routes:

Single file, except when passing fellow rider, ride in shoulder
Provide details on what efforts will be taken to mitigate or eliminate any risk that may occur to the event participants, spectators and volunteers:
Sweep all corners of gravel & debris
Corner Marshalls with reflective vests
Drovide details on any rest stone or aid stations that will be set up along the route
Provide details on any rest stops or aid stations that will be set up along the route, including details on the set-up and procedures for participants to safely attend these stops:
No rest stops or aid stations - except at the start
What assistance (mechanical & medical) will be provided to the participants when it is required:
We have first aid people at each event with a first aid kit and vehicle



Will traffic control be required? If so, provide details of the traffic control plan that will be implemented:

No. We	do not ir	mpede traffic			
		onsible for imp ontact informat		e traffi	fic control plan on the day of the
Contact	Person:	N/A		Title:	: <u>N/A</u>
Phone:	N/A			Cell:	N/A
Email:	N/A				
Will escort or patrol vehicles be utilized during the event? Provide details of the escort or patrol vehicles including identification of the vehicles and their function along the route: No					
No					
Will an e	nhanced	policing agree	ement with the RO	CMP be	e required as part of your event?
No					



Will an emergency response plan be developed for this event? If so, provide details of the emergency response plan that will be implemented:

We have an Eme	ergency response plan person	with a	vehicle at the start
Who will be responded the event? Provide Contact Person:	onsible for implementation of th le contact information: Mike Vance	e emer Title:	rgency response plan on the day of Ride Co-Ordinator
Phone:		Cell:	
Email:		Cent	
How will the rules and regulations imposed during the event be communicated to the participants? Attach copies of all printed materials to this application:			
At the start of each ERP (Emergency		s all rid	ers the rules of the event and the



PART3 - CHECKLIST

Ц	Completed Application
	Map and Diagrams illustrating the details of the route, including all roads proposed for the event, locations of planned rest stops or aid stations and any lands/locations proposed for staging or pre/post events
	Copies of all Rules and Regulations that will be provided to participants, spectators and volunteers (if applicable) and will be imposed during the event
	Copy of the traffic control plan that will be implemented during the event (if applicable)
	Copy of the emergency response plan that will be developed for the event (if applicable)