

- 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 <u>planning@foothillscountyab.ca</u> to find out if you need a require a special events permit.

PART 1 - CONTA	ACT DETAILS				
Name of Group / Organization:		Myeloma Canada			
Mailing Address:	Address 1				
	Address 2				
	City		Province	Postal Code	
Email Address:					
Event Coordinat	or Contact info	ormation:			
Contact Person:	Greg Rawson		Title:	Event organizer	
Phone:			Cell:		
Email:					
		_			
On-Site Contact	Information:				
Contact Person:	Greg Rawson		Title:	Event organizer	
Phone:		Cell	:		
Email:					



PART 2 - EVENT DETAILS

Name of event:	Myeloma Canada Ride			
Dates for event:	May 10th 2025			
Times for event:	From: 8am To: 1pm			
	equired for the event: s.com/events/337351-myeloma-canada-calgary-ride			
Provincial highwa	ys required for the event:			
NA				
Staging (pre and	post event) and rest stop / aid station locations (please list all):			
Staging - De Win	ton Community Centre			
Rest Stop - Gran	ary Road - Park, Mini Golf and Farmers Market			
proposed for the lands/locations Describe the nature	a map illustrating the details of the route, including all roads e event, locations of planned rest stops or aid stations and any proposed for staging or pre/post events. The and objectives of event: The gride in support of Myeloma Canada.			
7. Official furidialist	g nac in capport of myoloma canada.			



NA	so, please provide dates of	previous events.	
Projected number of peop	ole involved in this event:		
Participants: 50	Spectators: 0	Volunteers: 10	
How will these individuals Number plates + Lead and			
and attached to this approvide details on how the	plication if required.	the provided on separate page ong municipal roads and highwa and ride single file.	
We'd like to place metal H	frame holders off of the side	of the road when riders have to r	make a turr
These signs wouldn't block	any other signs on the roa	dways.	
motorists and residents a	fforts will be taken to limit long the proposed routes: n down into groups of 5-8 rider	impacts of the event to local	



Provide details on what efforts will be taken to mitigate or eliminate any risk that may occur to the event participants, spectators and volunteers: The event will have a mechanic on site to check all bikes before the ride. The mechanic will also be out on the course helping riders will issues. The same goes for our medical staff that will be on site and out on the route at all tmes. All participants will have the contact infomation for both individuals. 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: There will only be one rest stop held on private property. 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: NA - There will be vehicles out on the course but will only be dispatched if they recive a call from a rider. What assistance (mechanical & medical) will be provided to the participants when it is required: See aboe.



implemented:	i be required? It so, p	rovide details of	the traffic control plan that will b	e
	onsible for implementa ontact information:	ation of the traffi	c control plan on the day of the	
Contact Person:	Greg Rawson	Title:	Event organizer	
Phone:		Cell:		
Email:				
emergency respo	cy response plan be de onse plan that will be i nical support on site and	mplemented:	event? If so, provide details of th	ıe
	onsible for implementa de contact information		gency response plan on the day	of
Contact Person:	Greg Rawson	Title:	Event organizer	
Phone:		Cell:		
Email:				
	ach copies of all printe		event be communicated to the is application:	
				_



PART3 - CHECKLIST

X	Completed Application
Χ	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
XI	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)