



CITY OF GAUTIER APPLICATION FOR SPECIAL EVENT PERMIT

Submit This Form to the City Clerk Office at least thirty (30) days prior to requested event.

(Please print or type all information below)

Event Information:

Date of Event Nov 8, 2014 Day or Week Saturday Starting Time 0800 AM/PM

Ending Time: 1100 AM/PM Proposed Location of the Event: MGCCC, Gaudier Campus

Describe the type of event to be conducted: 5K Fitness Challenge

Reason for Event; Demonstration or March:
Raise money for Nursing scholarships.

If Event includes a city property or streets, give proposed route:

	(Street)	(Direction Turn)	(Street)
1.			
2.			
3.			
4.			
5.			

ATTACH A DETAILED MAP OF THE PROPOSED ROUTE IF REQUESTING A STREET CLOSURE FOR THE EVENT. ATTACH A LIST OF THE ADJACENT BUSINESS OWNERS

Applicant Information:

Organization: Sean M Cooley, Citizen Soldier
Name: Nursing Scholarships Inc Phone: (228) 990-4995

Address: P.O. Box 476, Gautier MS
City State Zip

Type of Organization: _____ Profit: Non-Profit Federal ID# 27-4464480
(Religious, Civic, Social, Etc.)

Individual Making Application for Organization:

Name: David Gress Phone (Home): () 826-5407

Address: 2625 Blackfoot Rd Phone (Work): () 809-6264
City: Vancleave State: MS Zip Code: 39569

Position with Organization: Board member

Individual(s) Responsible for keeping order and maintenance:

Name: David Gress Phone (H): () 826-5407 (W) ()
Name: Laura Cooley Phone (W): () (W) ()

Public Demonstrations and Parades are covered under city of Gautier Code of Ordinances

Requirements of Applicant:

- Security Clean up During Event Staging
- Traffic Direction Clean up After Event Fencing
- Barricades Trash Receptacles/Bag Other
- Set Up Barricades

In applying for this permit, I the undersigned, as the responsible individual of the above named organization, AGREE TO HOLD THE CITY OF GAUTIER FREE AND HARMLESS OF ANY LIABILITY WHICH MAY RESULT FROM SAID EVENT, AND ACCEPT FULL RESPONSIBILITY FOR ANY SUCH LIABILITY.

Applicant's Signature: [Signature] Date: 9/29/2014

FOR OFFICE USE ONLY

Date Rec'd: _____
 Event has been: PAID
 Approved: [Signature]
 Approval Authority: _____
 Date: 10/2/14

To REMAIN ON CAMPUS / NO Gautier Officers Needed

**2nd Annual
Sean M Cooley Citizen Soldier
Nursing Scholarship**

**5K Fun Run/Walk, 5K Fitness Run
&
1K Kids Fun Run**

Date: November 8, 2014

Time: 9am

**Where: Mississippi Gulf
Coast Community
College
Jackson County
Campus, Gautier**



**The 5K Fitness
Run will have 3-6
fitness chal-
lenges.
Challenges may
include: lunges,
push ups,
burpees, sit up,**

Entry fees:

- \$20 for Repeat Runners & MGCCC Students
- \$25 for Registration prior to Oct 15, 2014
- \$30 for Registration after Oct 15, 2014
- \$15 for runner under 12 years of age

**For more information or to register go to
www.seancooleynursingscholarship.com
Email: seancooleyscholarship@gmail.com
Mail Registration to : PO Box 476, Gautier MS 39553**

Registration Form

Name: _____ DOB: _____ Sex: _____

Address: _____

Email: _____ Phone: _____

Tee Shirt Size: S M L XL

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated in this event, but not limited to; falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being know and appreciated by me. Having read this waiver and knowing these facts in consideration of accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Sean M Cooley Citizen Soldier Nursing Scholarship Fund Inc., and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this event. I grant permission to all the foregoing to use any photographs, motion pictures, recording or any other record of this event for any legitimate purpose.

Date: _____

Signature (parent or guardian if under 18) _____