



*Town of Sterling*  
Office of the Select Board

**BIKE RACE EVENT APPLICATION**

Note to applicants:

1. Prior to application for event road use in the Town of Sterling, the applicant must submit a road safety plan, detail cue sheet, map, and all other pertinent details to the Chief of Police. Pertinent details include, but are not limited to number of participants, type of event, date of event, approximate time the road will be occupied by event participants, etc.
2. Applicants for event road use are strongly encouraged to contact the Sterling Highway Department to determine if any road construction or closure is anticipated for the requested route.
3. All signage and trash created by the event shall be removed prior to the end of the day of the event.

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone number of contact person during the event: \_\_\_\_\_

Event Type: \_\_\_\_\_

Anticipated Number of Participants: \_\_\_\_\_

Name of Liability Insurance Carrier: \_\_\_\_\_

When will a copy, covering road use and activity in Sterling, be available? \_\_\_\_\_

1. Please provide a map of the proposed route, including all intersections. Additionally, please list the approximate time participants will pass through various check points within the Town.  
(over)
2. Does your plan call for any total or partial closures of a lane or a road? \_\_\_\_\_
3. Will local traffic be allowed? \_\_\_\_\_
4. Have you identified any detours? \_\_\_\_\_
5. Will police traffic details be required (consult with police department). \_\_\_\_\_  
\_\_\_\_\_
6. Please list any specific concerns expressed by the Sterling Chief of Police. \_\_\_\_\_  
\_\_\_\_\_

7. How will the proposed route be marked? \_\_\_\_\_

\_\_\_\_\_

8. How will intersections be monitored? \_\_\_\_\_

\_\_\_\_\_

9. Are there any 'pit-stops' located along the route in Sterling? Please indicate location, as appropriate. \_\_\_\_\_

\_\_\_\_\_

10. How will participants be identified? \_\_\_\_\_

11. Will the Organization provide any type of Support Aid Group or medical assistance vehicles along the proposed route? How will these vehicles be identified? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Who is the Safety Officer for the event? \_\_\_\_\_

13. Please list the possible impact and/or disruptions that this event may have on the Town of Sterling. Including, but not limited to;

- Traffic congestion and/or possible issues concerning access to business and/or residences

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Noise levels

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other \_\_\_\_\_

\_\_\_\_\_

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Select Board Signatures

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