

STREET USE PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # _____ Date Submitted _____

EVENT INFORMATION Yes, I will

Name of Event 5K RUN/WALK ~~XXXXXXXXXXXXXXXXXXXX~~

Event Organizer/Sponsor NATIONAL KIDNEY FOUNDATION OF WISCONSIN

Is Organizer/Sponsor a 501(c)3 non-profit agency? ☒ Yes ☐ No

If Yes, provide State of Wisconsin Tax Exempt Number 008763

Address 16655 W. Bluemound Rd. #240

City/State/Zip BROOKFIELD, WI 53005-5935

Primary Contact CINDY HUBER FAX _____

Work Phone 800-543-6393 Phone During Event _____

E-mail chuber@kidneywi.org

Website kidneywi.org

Secondary Contact KRISTA FANAGAN

Work Phone 608-467-2914 Phone During Event 608-712-2769

E-mail krista@targetdestination.com

Annual Event? ☒ Yes ☐ No

Charitable Event? ☒ Yes ☐ No

If Yes, name of charity to receive donations: NATIONAL KIDNEY FOUNDATION OF WISCONSIN

Estimated Attendance 1000 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification (not allowed after 11 p.m.) Hours 5pm to 8pm ☒ Yes ☐ No

EVENT CATEGORY

☒ Run/Walk ☐ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)
☐ Other _____

LOCATION REQUESTED

☐ Capitol Square (note specific blocks below) ☐ Podium/700-800 State Street
☐ 30 on the Square (a.k.a. top of 100 block of State Street) ☒ Other (specific blocks/streets requested below)
Street Names and Block Numbers: see map

EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) _____ Rain Date(s) _____

Event Start Date(s)/Time(s) JULY 30, 5pm Set-Up Date(s)/Time for Event _____

Event End Date(s)/Time(s) JULY 30, 8pm Take-Down Time _____

Take-Down Time: start to streets reopened

APPLICATION SIGNATURE

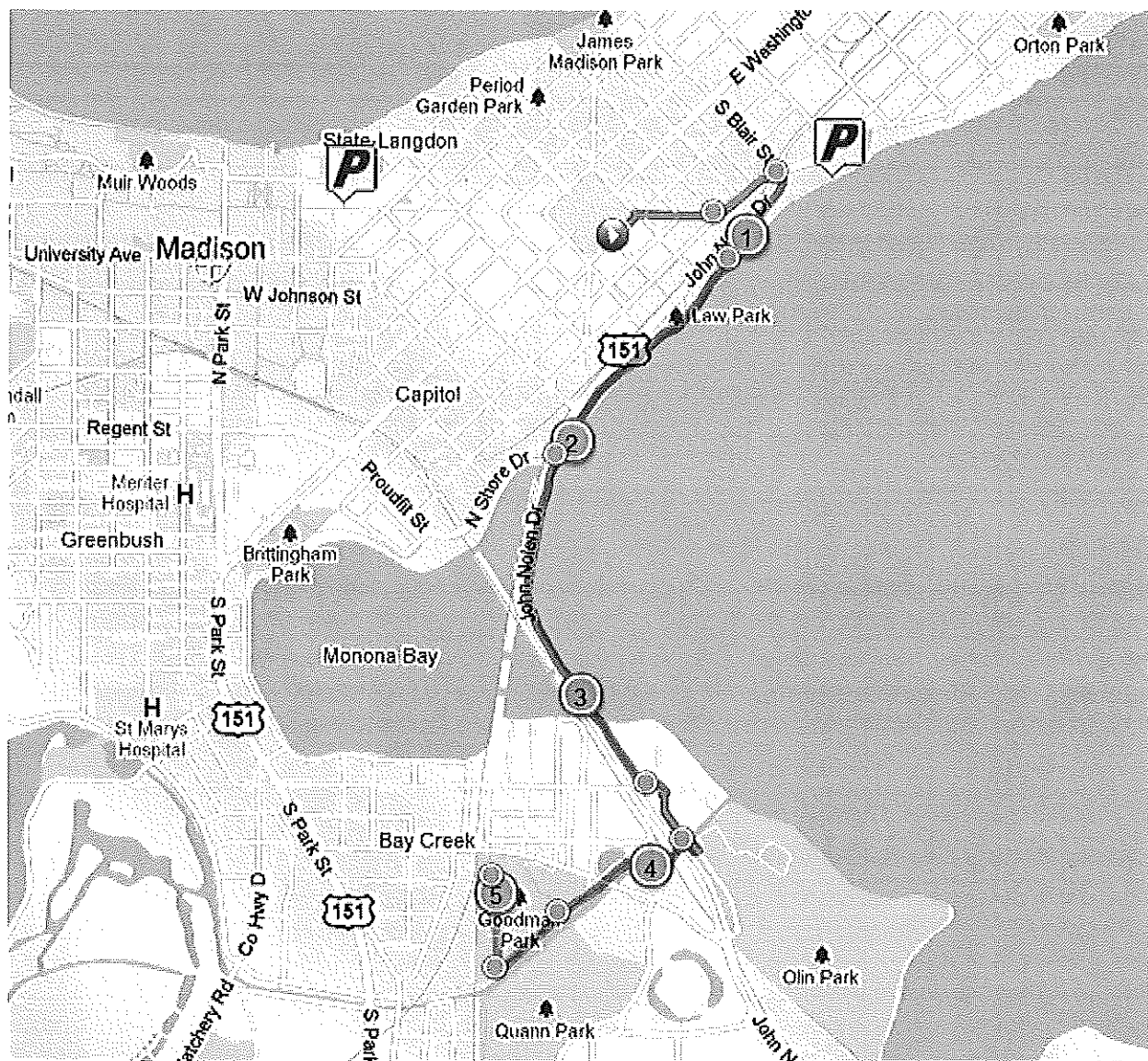
_____/I/We waive the 21-day decision requirement. _____ (PLEASE INITIAL)

Your signature below indicates that you have read and understand the instructions and guidelines for a community event. Further, the person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved area. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

In addition to the rules and regulations detailed in the permit application instructions and guidelines, Street Use Permits are subject to all applicable ordinances, statutes and laws.

Signature [Signature] Date 4/14/11

National Kidney Foundation of Wisconsin, "Yes I Will 5K Run/Walk – July 30, 2011



General Route Notes:

- Start on the Capital Square, either at MLK Blvd. or King St. (depending on exact distance).
- Heading down King St. to E. Wilson, across John Nolan and to the lakeshore bike path.
- Continuing using the Wingra Creek underpass, under John Nolen Dr. and Olin Ave.
- Along the bike path towards the Maintenance Building at Goodman Park
- Through a portion of the Maintenance Building Parking Lot and towards the back entrance of Goodman Pool
- Finish Line along the path near grass area behind the pool

**National Kidney Foundation of Wisconsin
Yes, I Will 5K Run/Walk**

Schedule of Events:

Saturday, July 30, 2011

1:00 pm – 5:15 pm	Packet pick-up/day-of-race registration
5:15 pm – 5:45 pm	Marshalling participants to start line
5:45pm	National Anthem and announcements
6:00pm	Run/Walk begins at Capitol Square (top of King Street)
6:00 – 9:00 pm	Finish Line Festival at Goodman Pool

Overview of Race Management Plan:

Safety and Security Plan:

- Participants will line up in the designated staging area (Top of King Street back to MLK)
- Volunteers will be stationed at key intersections directing runners/walkers (King/E. Main).
- Police will be utilized at key intersections holding vehicles to allow large groups of runners through at key intersections (King/Doty (2), Butler/Wilson (1), Blair/ Williamson (2), and Lakeside/John Nolen (1).
- Only left turns (outbound) will be permitted onto John Nolen from the Olin Park area. The Capitol Square will be barricaded at King/Main.
- Lead and follow bike volunteers will escort the runners from Start to Finish.
- One aid station will be provided and located on the west side of Monona Terrace next to the bike path.
- Lost child area will be located at the finish line in the information booth.
- In the case of inclement weather, participants will take cover in the Capitol or at Goodman Pool.

Medical:

- UW Sports Medicine will direct the medical effort for the Yes, I Will 5K Run/Walk.
- Physicians, nurses and athletic trainers, plus student help and other medical help will staff the medical tent at the finish line and also be stationed at the aid station on the route.
- If emergency transport is necessary, Run/Walk personnel will initiate 911 and also contact the Medical Tent with information regarding the situation.

Clean Up and Recycling Plan:

- The majority of consumables will be disposed of/recycled at the Goodman Pool (finish line).
- The Aid Station crew will be responsible for cleaning up and trash, etc. around their station.
- A crew of 4 - 5 will be responsible for checking the route for any visible trash.

Components:

- As a general rule, the 5K Run/Walk will use the far right lane for the event
- Fixed Course Marshals – stationed at intersections to control pedestrian/bicycle traffic while race participants pass
- Bicycle Course Marshals – lead and shelter the runners in advance and to the side of the route, travelling with the participants to create the safe envelope
- Lead Marshals – either on bike or cart to advance the pack and create the first layer of clearing the course
- Follow Marshals – primarily bicycle, may also add cart for SAG function and course clean up if needed