

EVENT FORM
Fred Meijer Mid-West Michigan Rail Trail Network

- **Fred Meijer Clinton-Ionia-Shiawassee Trail** _____
- **Fred Meijer Grand River Valley Trail** _____
- **Fred Meijer Flat River Valley Trail** _____
- **Fred Meijer Heartland Trail** _____

Organization name: _____

Event Coordinator & Contact Info _____

Event Date/s & times: _____

Type of Event: _____

Detailed trail use plan: _____

Number of expected participants: _____

Restroom facility plan: _____

First Aid/medical plan: _____

Parking Plan: _____

Traffic Control Plan : _____

Private Property involved? Where/ who _____

Plan to notify the public of the event: _____

Insurance coverage is required in accordance with the MDNR Insurance Requirements for the Users of State Land. A copy of the insurance endorsement/rider that names the appropriate Friends group, the Mid-West Michigan Trail Authority, and the State of Michigan as "additional insured". Insurance document must be attached to this form.

Event Co-ordinator Signature _____

Acknowledge receiving a copy of the Event Rules (Initial) _____

Friends Representative Signature _____ Date _____