



EVENT FORM

Fred Meier Mid-West Michigan Rail Trail Network

Which Trail/s will you be using?

- Fred Meier Clinton-Ionia-Shiawassee Trail
- Fred Meier Flat River Valley Trail
- Fred Meier Grand River Valley Trail
- Fred Meier Heartland Trail

Organization Name: _____

Event Coordinator & Contact Info:

Name: _____

Add: _____ City: _____ St. _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Event Date/s & Times: _____

Type of Event: _____

Detailed Trail Use Plan (Start & Ending Point): _____

Plan to Notify Towns of the Event: _____

Number of Expected Participants: _____

Restroom Facility Plan: _____

Parking Plan: _____

Traffic Control Plan: _____

Insurance coverage is required in accordance with the MDNR Insurance Requirements for the Users of State Land. A copy of the insurance policy endorsement/rider must state the names of the Friends group (*example: Friends of the CIS Trail*), the Mid-West Michigan Trail Authority, and the "State of Michigan, its departments, boards, agencies, commissions, officers, and employees are included as additional insured."

The liability insurance requirements will be determined by the size of the activity, the intensity of use and other factors.

The Friends of the trail has the right to deny any event requests

Event Coordinator Signature: _____ Date: _____

I have read the Event Rules agree to the terms and conditions stated therein. (Initial): _____

Friends Signature: _____ Title: _____ Date: _____