



WASHINGTON TOWNSHIP POLICE DEPARTMENT

13013 WELTY RD., WAYNESBORO, PA 17268
PHONE 717-762-1447 FAX 717-762-9328
MICHAEL D. MCGOVERN, CHIEF OF POLICE

To: Special Events Coordinators
From: Washington Township Police Department
Subject: Washington Township Highway Usage for Special Events

The following items are a list of requirements which must be complied with to attain approval for the special event to be held using highways in Washington Township.

1. Completion of Special Event Request Form with required attachments received three (3) weeks prior.
2. Lead and rear pedestrians/participants wearing safety vests – preferably all pedestrians/participants wearing some type of bright colored clothing (issued T-shirts) (white, orange, red.)
3. Pedestrians must walk or run against traffic, and as far left as possible. Bicycles would still have to go with the traffic flow, obeying all traffic laws.
4. No more than two pedestrians abreast on the route.
5. When appropriate, the placement of “pedestrian ahead” signs at every possible public entrance to the proposed route of travel. These signs can be on cardboard or wooden stakes and then removed after the event. They should indicate your event name. (Example: “CROPWALK AHEAD”, “WHEEL OF LIFE BIKEATHON AHEAD”, ETC)
6. Placement of Fire Police at all major intersections, preferably at all intersections.
7. Volunteers monitoring progress and /or needs of participants.
8. Radio advertisements or Public Service Announcements during the week prior to the event.
9. Newspaper ads/notice at least one time prior to event, indicating the course of event and cautioning motorists; no more than 3 days prior to event, preferably the day before. (We suggest as many newspaper stories as possible). The newspaper ad or notice can be in the form of a news release or feature article providing information about the event, obtaining publicity for your organization.



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13013 Welty Rd. • Waynesboro, PA 17268

(717) 762-1447 (Administrative Office)

717-762-1145 (Non-Emergency Dispatch) 911- EMERGENCY

SPECIAL EVENT REQUEST FORM

Event Coordinator Name: _____

Address: _____

Phone: (H) _____ (C) _____

Organization Name: _____ Home Organization: _____

Organization Address: _____ Address: _____

Organization Phone: _____ Phone: _____

Proposed Date of Event: _____

Proposed Time of Event: _____

Start: _____ End: _____

Proposed Route of Travel and Length of Route Length of Route: _____

Route of Travel: (please attach map)

Number of Participants Expected: _____ Walkers _____ Runners _____ Bicycles _____ Other

Certificate of Liability (Attach Copy)

Location of Any Rest Stops/Pit Stops:

Provisions for Any Possibly Needed Medical Assistance: _____

Participation of Any Other Organization and Their Responsibilities During Your Event; ie React or CB Clubs who may provide communications and monitor check points.

Signature: _____ Indicates receipt and acknowledgement of requirements as set forth in Memo to Special Event Coordinator.