

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Washington Jr. High School 5K Event
Date: March 9, 2015



Attached is a letter, Activity application and map from Kathy Evanchyk on behalf of Washington Junior High School. Ms. Evanchyk is requesting to hold a 5K road race on Saturday, September 12, 2015 from 8:00 am to 9:00 am. The race will begin and end at Rock Island High School Stadium.

The 5K race will begin at Rocky Stadium; they will proceed north to 18th Avenue towards Washington Jr. High School where they will turn around at Washington Jr. High School and continue on 18th Avenue turning south onto 24th Street and then west on 25th Avenue and back to Rocky Stadium.

The purpose of this race is for a fundraiser for the Washington Jr. High School Reward Fund.

They will be contacting the Police Department for traffic control. The certificate of insurance is forthcoming.

RECOMMENDATION:

It is recommended that Council approve the event for Washington Jr. High School.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager



Rock Island-Milan School District #41

Superintendent Michael J. Oberhaus, Ed. D.

Egan Colbrese
Principal

Excellence Every Day

Washington Jr. High School

3300 18th Avenue
Rock Island, IL 61201
309-793-5915
309-793-5917 fax
www.rockislandschools.org

March 6, 2015

Dear Sir or Madam,

My name is Kathy Evanchyk and I am a teacher at Washington Junior High School in Rock Island. WJHS has over 500 students in the two grades and they are wonderful. They work hard and we like to reward them with dances, field trips and other fun events.

I would like to sponsor a 5k fundraiser for the WJHS reward fund. It would begin at 8am, the morning of September 12, 2015. The run would start at the Rocky stadium, go north to 18th avenue, on 18th ave towards WJHS, turn around at WJHS and continue on 18th ave, turn south on 24th street, west on 25th avenue and back to the stadium. The post party and awards ceremony would take place on the knoll at the corner of 17th st and 23rd avenue.

Washington students would be involved in this event in a multitude of ways. Some will run/walk the race with their families, others will help with the organization and others will volunteer their time and talents to make the run a success.

I have run many road races and organized the first annual Warrior 5k two years ago. Therefore, I appreciate any help you might offer.

Thank you for your consideration of this fundraiser and I hope to hear positive news soon.

Kathy Evanchyk
WJHS math teacher

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
Washington Junior High	3300 18 th Ave	Rock Island	IL	61201
TELEPHONE NO. (309) 793-5915				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
Kathy Evanchyk	514 W. Hayes St	Davenport	Iowa	52803
TELEPHONE NO. (563) 674-7447				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run <input checked="" type="checkbox"/>	Walk <input checked="" type="checkbox"/>	March	Bicycle Ride	Other (specify below)
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DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
09/12/15	8am	9am
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
09/12/15	5am	10am

Estimated number of: (Place Number in Appropriate Box)

Participants: 200	Floats: <input type="checkbox"/>	Vehicles: 1	Bands: <input type="checkbox"/>	Wheelchairs: <input type="checkbox"/>	Horses: <input type="checkbox"/>	Other:
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CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: 50

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402

Tail car provided by sponsor: Yes No

Ambulance/first aid provided by sponsor: Yes No

Route for Activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved? Yes No Unknown

Identify State-owned streets, if known. _____

Does sponsor provide barricades? Yes No

Are barricades required from City? Yes No Qty _____

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the city of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

Notification to Residents: In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.

Note: The sponsor notification form for any new event/route is available in the City Clerk's office.

A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

Kathleen Gwanchyk
Signature of Applicant

2/22/15
Date of Application

Current Membership #

LogIn

Don't know your current membership number or password?

Join/Renew Now

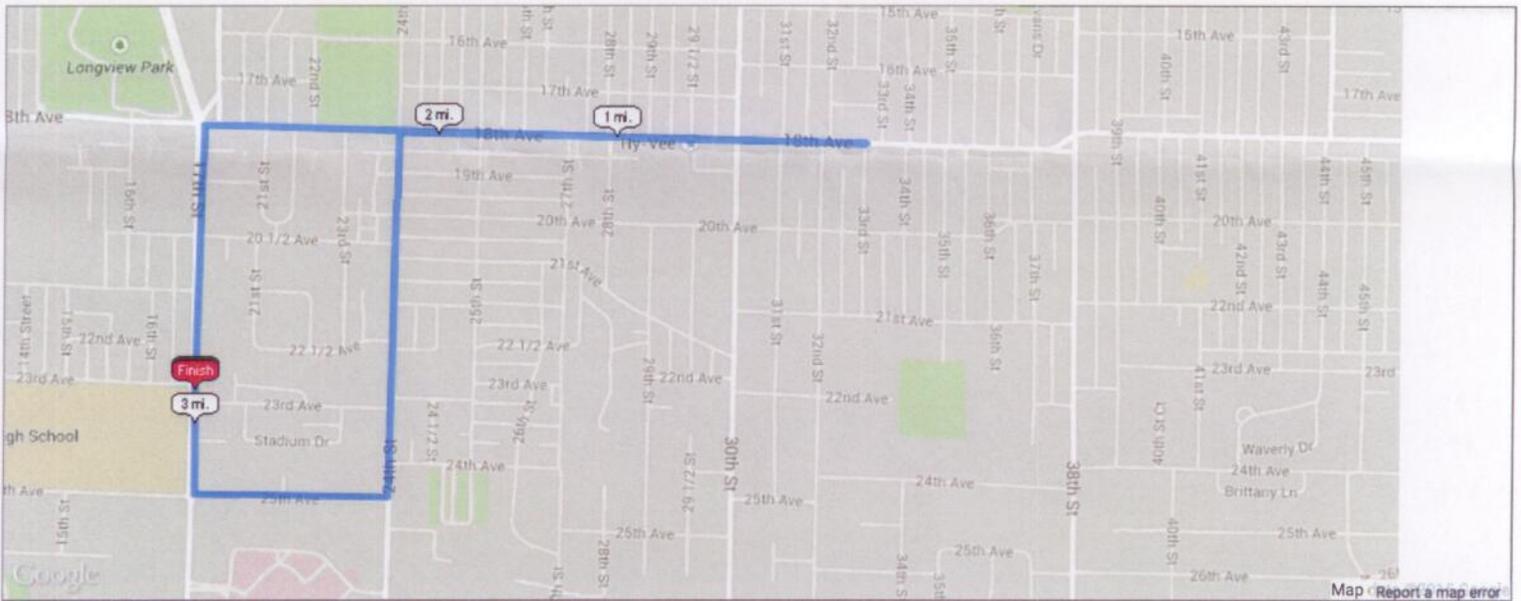


USATF STORE



Create a New Route

Distance:
3.05 miles
4.91 km



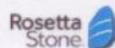
Elevation Profile



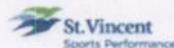
Total climb: 0 feet / 0 m

Total elevation change: 0 feet / 0 m

BE BOLD IN THE COLD.
SHOP THE OFFICIAL USATF WINTER RUNNING COLLECTION



University of Phoenix



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Sports

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- Cross Country
- Road Running
- Race Walking
- Mountain / Ultra / Trail

Groups

- Youth Athletes
- Masters Athletes
- Elite Athletes
- Athlete Alumni
- Coaches
- Officials
- Athlete Representatives
- Event Directors
- Media

Events

- Search the Calendar
- Team USA Events
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Customer Service

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