



## **LOCAL ORGANISING COMMITTEE**

### **ROAD RACE HOST**

### **ADDITIONAL INFORMATION REQUEST**

- **2026-2028**
  - **Day 1 – 10 Mile**
  - **Day 2 – Novice and Masters**
  - **Day 3 – Half Marathon**



## Contents

|   |          |
|---|----------|
| <b>Club Name</b> .....  | <b>3</b> |
| <b>Day 1 and Day 3 only</b> .....   | <b>3</b> |
| <b>Day 2 only</b> .....   | <b>3</b> |
| <b>Zone 1</b> .....   | <b>3</b> |
| • <b>Parking and Traffic Management</b> .....   | <b>3</b> |
| <b>Zone 2</b> .....   | <b>4</b> |
| • <b>Registration, Toilets and Catering</b> .....                                       | <b>4</b> |
| <b>Zone 3</b> .....   | <b>5</b> |
| • <b>Start Area, Finish Line / Chip Timing and First Aid</b> .....                      | <b>5</b> |
| <b>Zone 4</b> .....   | <b>5</b> |
| • <b>Check In Area, Course and Public Address</b> .....                                 | <b>5</b> |
| • <b>Volunteers/Officials required for Athletics Leinster Cross Country Event</b> ..... | <b>6</b> |
| <b>Contact Details</b> .....  | <b>7</b> |



## Club Details

|           |  |        |  |
|-----------|--|--------|--|
| Club Name |  | County |  |
|-----------|--|--------|--|

### Day 1 and Day 3 only

|  |  |
|--|--|
| Please confirm adequate parking will be available (Yes/No)   |  |
| Please confirm course will be set up in line with Athletics Ireland required standards (Yes/No)                      |  |
| Please confirm course map will be made available to Athletics Leinster ahead of event (Yes/No)                       |  |
| Please confirm adequate toilet facilities will be available (Yes/No)   |  |
| Please confirm First Aid will be available (Yes/No)  |  |
| Please confirm PA system will be available (Yes/No)  |  |
| Please confirm local Gardai have been notified of event (Yes/No)   |  |
| Please confirm adequate number of officials/marshals will be on the course (Yes/No)                                  |  |
| Please provide link to entries, so Athletics Leinster can advertise event (Yes/No)                                   |  |
| Please confirm Athletics Leinster will be included in all advertising of event (Yes/No)                              |  |
| Please confirm Athletics Leinster will be provided with list of results (Yes/No)                                     |  |
| Please confirm that the LOC will reimburse Athletics Leinster for the cost of the Athletics Leinster medals (Yes/No) |  |

**\*Once above is populated, please proceed to page 7 to provide contact details.**

### Day 2 only

## Zone 1 – Parking and Traffic Management

### Parking and Traffic Management

|   |  |
|---|--|
| Car park proximity to course start (please state in metres)                               |  |
| Will there be adequate car park spaces available? (Yes/No)                                |  |
| Is there more than one parking area? (Yes/No)   |  |
| Does a “park and ride” facility need to be put in place? (Yes/No)                         |  |
| Is additional transport needed to facilitate this? (Yes/No)                               |  |
| Please include a map and link to Google Maps and Eircode for the location of the car park |  |
| Are maps attached? (Yes/No)   |  |

Please outline below the plan for vehicles entering and exiting the venue:



## Zone 2 – Registration, Toilets and Catering

### Registration

|  |  |
|--|--|
| Registration is located close to the start and well signed (Yes/No)                      |  |
| Will the local organising committee provide a building / tent for this purpose? (Yes/No) |  |

### Toilets

|   |  |
|---|--|
| How many portaloos will be provided?  |  |
| Are toilets located near start and finish areas? (Yes/No)                           |  |
| Please provide details of the company providing the toilet facilities.              |  |
| Please state the distance, in metres, that the toilets are located from the course. |  |

### Catering

|  |  |
|--|--|
| How many units/stalls will be providing catering?  |  |
| Please list who will be providing the catering.  |  |
| Will the catering area cater for both officials and athletes/spectators separately? (Yes/No) |  |
| Will a tent be provided by the catering company to provide shelter for customers?            |  |
| Please detail the range of food that will be on offer in relation to catering.               |  |



## Zone 3 – Start Area, Finish Line / Chip Timing and First Aid

### Start Line

|   |  |
|---|--|
| Please confirm that there will be 200m of a straight before the first bend of the course (Yes/No) |  |
|---|--|

### Finish Line

|  |  |
|--|--|
| Will the finish area be taped off, with a 3m width for the athlete finish line to facilitate chip timing? (Yes/No) |  |
|--|--|

### First Aid

|  |  |
|--|--|
| There shall be a clear way to allow access for an ambulance to get in and out of the venue and access to all areas of the venue. |  |
|--|--|

## Zone 4 - Check In Area, Course and Public Address

### Check-In Area

|  |  |
|--|--|
| Will the check in area be within 80m of the finish line? (Yes/No)                              |  |
| Will there be building or large tent sufficient to accommodate 2 tables and 4 chairs? (Yes/No) |  |
| Will this area have a hard floor or surface? (Yes/No)  |  |

### Course

|  |  |
|--|--|
| Will the course be mapped out using colour codes for the various distances? (Yes/No) |  |
|--|--|

### Public Address

|  |  |
|--|--|
| An adequate PA system shall be provided; please detail the source and cost for this. |  |
|--|--|



## Volunteers/Officials required for Athletics Leinster Road Race (indicative numbers only – to be agreed)

|                             | Provided by Athletics Leinster  | Provided by Local Organising Committee |
|-----------------------------|---------------------------------|--|
| <b>Leinster Coordinator</b> | 1                               |  |
| Local Coordinator           |                                 | 1 (independent of other duties)        |
| <b>Stewards to patrol</b>   |                                 | 2                                      |
| Course Officials            | 2                               | 12                                     |
| <b>Registration</b>         | 4                               |  |
| <b>Starts:</b>              |                                 |  |
| Recall/False Start          | 1                               |  |
| Starters                    | 2 (to include marksman)         |  |
| Assembly                    | 4                               | 1                                      |
| <b>Finish</b>               |                                 |  |
| Funnel Closure              | 1                               |  |
| Rope Control                | 1                               | 1                                      |
| Line Judge                  | 1                               |  |
| Chief Finish Judge          | 1                               |  |
| <b>First Aid</b>            |                                 | St. John's / Order of Malta / Other    |
| <b>Public Address</b>       | 1                               |  |
| <b>Health and Safety</b>    | 1                               |  |
| <b>Children's Officer</b>   | 2                               |  |
| <b>Presentations</b>        | 3 (minimum)                     |  |
| <b>Disputes</b>             | 3 (independent of other duties) |  |
| <b>Referee</b>              | 1 (independent of other duties) |  |
| <b>Meet Director</b>        | 1 (independent of other duties) |  |

## Requirements for the Local Organising Committee (LOC)

|   |  |
|---|--|
| Can you confirm that the LOC will have the required numbers to aid in the setting up and taking down of all areas? (Yes/No) |  |
|---|--|



## Contact Details

|                            |        |     |
|----------------------------|--------|-----|
| Name of Local Co-Ordinator |        |     |
| Position in Club           |        |     |
| Contact Details            | Email: |     |
|                            | Phone: |     |
|                            | Date:  | / / |

Please email the completed form to [athleticsleinsterxcsec@gmail.com](mailto:athleticsleinsterxcsec@gmail.com)

For any queries, please contact **Martin J Heery** (Cross Country and Road Secretary)  
using the email above