

MEMORIAL DAY PARADE PARTICIPATION REGISTRATION FORM

PARTICIPANT / GROUP INFORMATION

Participant Name or Group Name: _____

Authorized Representative (if group): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

PARADE ENTRY DETAILS

Type of Entry (check one):

- Marching Group
- Vehicle
- Float
- Band
- Emergency Vehicle
- ATV/UTV
- Other: _____

Description of Entry (include theme, number of participants, etc.):

Estimated Number of Participants: _____

Number of Vehicles (if applicable): _____

Will music be played? Yes No

If yes, please describe: _____

Will animals be included? Yes No

If yes, type and number: _____

SAFETY AND COMPLIANCE

- All participants must follow parade rules and instructions from event staff and law enforcement.
- No reckless operation of vehicles, ATVs, or equipment is permitted.
- Candy or items may be thrown from moving vehicles

Initial to acknowledge understanding of safety rules: _____

LIABILITY WAIVER

I acknowledge that I have received, read, and agree to the Memorial Day Parade Release and Waiver of Liability. I understand that participation is voluntary and agree to abide by all rules and instructions.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Received: _____

Approved By: _____

Line-Up Assignment: _____

Notes: _____