

PLYMOUTH ON PARADE

SEPTEMBER 26, 11:30 AM



PARADE PARTICIPANTS

NON-PROFIT ENTRY FORM & WAIVER

ENTRY FEE: \$20

Parade line up: 10:00 a.m. – Parade start time: 11:30 a.m.

**COMPLETE BOTH SIDES OF THIS ENTRY FORM AND
RETURN WITH ENTRY FEE BY FRIDAY, SEPTEMBER 11th, 2015**

ORGANIZATION NAME: _____

Main Contact Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Phone Number(s): Cell: _____ **Home:** _____ **Work:** _____

E-mail Address: _____

CITY OF PLYMOUTH – EVENT LIABILITY WAIVER

***THE UNDERSIGNED**, for myself, my heirs and assigned, in consideration of being allowed to participate in the community parade on **September 26, 2015** hereby releases the **City of Plymouth**, its elected officials, employees, and agents from any liability for injuries, death or property damage the undersigned may incur as a result of participating in the parade, preparing for the parade, or in any other way associated with the parade whether or not the injuries, death, or damage resulted from negligence or gross negligence of the parties being released.*

Dated: _____, 2015

Signature

Print Name

MAIL COMPLETED FORM AND ENTRY FEE TO:
(Due by: Friday, Sept 11th, 2015)

Plymouth Parks & Recreation Department
ATTN: PLYMOUTH ON PARADE
3400 Plymouth Blvd
Plymouth, MN 55447

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PARADE PARTICIPANTS

PARADE UNIT INFORMATION *(due by: Friday, Sept 11th, 2015)*

Check all that apply and enter the total length of your parade unit.

Parade Unit Type

☐ Walkers

☐ Float

☐ Bus

☐ Car/ Truck

☐ Vehicle and Trailer

☐ Other: _____

Music

☐ **WILL** have live or recorded music

☐ **WILL NOT** have music

Parade Unit Length

Overall Length: _____ **feet**

PARADE UNIT COMMENTARY INFORMATION *(due by: Friday, Sept 11th, 2015)*

CHANNEL 12 TV will be announcing and televising the parade.

*PLEASE submit a description (25 words or less) for your parade unit and/or organization in the space below.
If you do not complete this area we will announce your parade unit by the name of your organization.*

COMMENTARY:

FOR OFFICE USE ONLY:

_____ Fee Paid _____ Date _____ Check # _____ Received By

ENTRY FEE PAYMENT *(fee due at time of registration)*

☐ **Check Enclosed** *(make checks payable to: City of Plymouth)*

☐ **Charge to Credit Card**

Type of Card (circle one): Visa / MasterCard / Discover / American Express

Card Holder Signature: _____ Date: _____

Card Number: _____ Exp. Date: ____/____