

PLYMOUTH ON PARADE

SEPTEMBER 22, 2018

ENTRY FORM & WAIVER:

Parade line up: 9:00 a.m. – Parade start time: 10:30 a.m.

**COMPLETE BOTH SIDES OF THIS ENTRY FORM AND
RETURN WITH ENTRY FEE BY FRIDAY, SEPTEMBER 7th, 2018**

Unit Name: _____

Main Contact Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: Cell: _____ Home: _____ Work: _____

Email Address: _____

PARADE UNIT INFORMATION

<input type="checkbox"/> Business \$100	<input type="checkbox"/> School \$25	<input type="checkbox"/> City Council
<input type="checkbox"/> Politician \$25	<input type="checkbox"/> Marching Band - Fee Waived	<input type="checkbox"/> City Department
<input type="checkbox"/> Non-Profit \$25	<input type="checkbox"/> Hired Performer - Fee Waived	<input type="checkbox"/> Sponsor - Fee Waived

PARADE UNIT TYPE (Due by Friday, September 7, 2018)

<input type="checkbox"/> Walkers	<input type="checkbox"/> Float	<input type="checkbox"/> Bus
<input type="checkbox"/> Car/Truck	<input type="checkbox"/> Vehicle & Trailer	<input type="checkbox"/> Other

PARADE UNIT LENGTH

MUSIC

Overall Length _____ feet

Total Number of Participants _____

☐ WILL have music

☐ WILL NOT have music

PARADE UNIT COMMENTARY INFORMATION (Due: Sept 7, 2018)

CCX 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:

ENTRY FEE PAYMENT (due at time of registration)

- ☐ Check Enclosed (make checks payable to: City of Plymouth)
- ☐ Credit Card (circle one): Visa / MasterCard / Discover / American Express

Card Holder Signature: _____ Date: _____

Card Number: _____ Exp. Date: ____/____/____

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 22, 2018 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: _____, 2018

Signature

Print Name

MAIL COMPLETED FORM AND ENTRY FEE TO:

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

