

NON-PROFIT APPLICATION & WAIVER

Please complete and return application by Friday, September 14, 2012

Name of Organization:			
Contact Name:			
Address:			
City/State:	Zip Code:		
Phone Number(s): Work	Home	F	AX:
E-mail Address:			
MY NON-PROFIT ORGA	NIZATION WILL BE	IN THE PARADE	\$15 FEE
Parade line up: 10:00 a.m. – Parade start time: 11:30 a.m.			
Parade Unit Type (please check all that apply) Please indicate unit length in	□ Car		□ Vehicle with Trailer/Float □ Other:
☐ Will have live or recorded N		OIX.	
CITY OF PLYMOUTH EVENT LIABILITY WAIVER			
THE UNDERSIGNED, for my participate in the community participate in the co	arade on September a, and agents from a a result of participate the parade whether of the parties being	r 29, 2012 hereby reany liability for injurienting in the parade, por not the injuries, de	leases the City of Plymouth , es, death or property damage preparing for the parade, or in
Signature			
Print Name			
MAIL completed form and entry fee to: (checks made payable to: City of Plymouth)		Plymouth Parks & Recreation Dept PLYMOUTH ON PARADE 3400 Plymouth Boulevard Plymouth, MN 55447	
FOR OFFICE USE ONLY:FEE PAID	DATE	CHECK #	RECEIVED BY