

NON-PROFIT APPLICATION & WAIVER

Please complete and return application by Friday, September 13, 2013

Name of Organization:			
Contact Name:			
Address:			
ity/State: Zip Code:			
Phone Number(s): Work	Home	F#	AX:
E-mail Address:			
MY NON-PROFIT ORGANIZA	ATION WILL BE IN	THE PARADE	<u>\$15 FEE</u>
Parade line up	o: 10:00 a.m. – Pa	rade start time: 1	<mark>1:30 a.m</mark> .
Parade Unit Type (please check all that apply) □ Walkers □ Car Please indicate unit length in feet:			☐ Vehicle with Crailer/Float
riease indicate unit length in leet.	 □ Truck	1	☐ Other:
☐ Will have live or recorded MUSI	C		
CITY OF F	PLYMOUTH EVEN	T LIABILITY WAI	VER
THE UNDERSIGNED, for myself, participate in the community parade its elected officials, employees, and the undersigned may incur as a reany other way associated with the panegligence or gross negligence of the	e on <u>September 2</u> d agents from any sult of participating parade whether or	8, 2013 hereby rely liability for injurieg in the parade, pend the injuries, de	leases the City of Plymouth , es, death or property damage reparing for the parade, or in
Dated:, 2013			
	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