

Mackinaw Memorial Parade Application

PLEASE PRINT OR TYPE

DATE: _____

NAME OF ORGANIZATION OR ENTRY: _____

CONTACT PERSON/DIRECTOR : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PH: _____

FAX: _____ EMAIL _____

- | | | |
|--|---|---|
| <input type="checkbox"/> BAND | <input type="checkbox"/> COLOR GUARD | <input type="checkbox"/> FRATERNAL/SERVICE CLUB |
| <input type="checkbox"/> MARCHING | <input type="checkbox"/> MILITARY UNIT | <input type="checkbox"/> EQUESTRIAN/HORSES |
| <input type="checkbox"/> RIDING | <input type="checkbox"/> VETERAN'S UNIT | <input type="checkbox"/> FLOAT |
| <input type="checkbox"/> ANTIQUE VEHICLE | <input type="checkbox"/> OTHER ANIMALS | <input type="checkbox"/> OTHER |

CLOWNS

QUEEN/COURT : NAME OF QUEEN & COURT: _____

CAR

FLOAT

OTHER INFO:

DESCRIPTION OF YOUR ENTRY: _____

NUMBER OF PARTICIPANTS: _____

DOES YOUR ENTRY HAVE SOUND YES NO IF YES PLEASE DESCRIBE:

INCONSIDERATION OF THE ACCEPTANCE OF OUR ENTRY IN THE MACKINAW MEMORIAL PARADE, WE HEREBY RELEASE THE MACKINAW MEMORIAL PARADE INC. AND THE VILLAGE OF MACKINAW CITY FROM ANY AND ALL LIABILITY FOR ANY AND ALL INJURIES OR DAMAGES WHAT SO EVER ARISING FROM OUR PARTICIPATION IN THE AFOREMENTIONED EVENT.

AUTHORIZED REPRESENTATIVE SIGNATURE _____

PRINTED NAME / TITLE: _____

P.O. Box 496 Mackinaw City, MI 49701

email: jelemans@aol.com