**2019 FALL FOLIAGE FESTIVAL PARADE APPLICATION**

NAME/ORGANIZATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE UNIT AND PROVIDE THE REQUESTED INFORMTION**

|  |  |
| --- | --- |
| \_\_\_\_FLOAT  | \_\_\_\_PROFESSIONAL (BUILT BY A PROFESSIONAL FLOAT BUILDER)  |
|   | \_\_\_\_NON-PROFESSIONAL RECORDED OR LIVE MUSIC \_\_\_\_YES \_\_\_\_NO  |
|   | LENGTH\_\_\_\_\_\_\_\_\_\_\_\_WIDTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|    | DO YOU WANT TO BE JUDGED FOR AN AWARD\_\_\_\_YES \_\_\_\_\_NO  |
| \_\_\_\_BAND   | NUMBER OF MEMBERS\_\_\_\_\_\_\_ NUMBER OF BUSES\_\_\_\_\_\_\_\_  |
| \_\_\_\_EQUESTRIAN  | MOUNTED\_\_\_\_\_\_\_\_ #OF HORSES\_\_\_\_\_\_ COLOR GUARD\_\_\_\_\_\_  |
|    | CART/WAGON\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_VEHICLE  | CAR\_\_\_\_\_\_\_ TRUCK\_\_\_\_\_\_\_ MOTORCYCLE\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_  |
|    | MAKE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_WALKING  | SCOUT TROOP\_\_\_\_\_\_\_ COLOR GUARD\_\_\_\_\_\_\_ CLOWNS\_\_\_\_\_\_\_\_\_  |
|   | OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_ DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|    | #IN UNIT\_\_\_\_\_\_\_\_\_\_\_ PEFORMING \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO  |
| \_\_\_\_SPECIAL GUEST  | NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|    | TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**YOU MUST PROVIDE YOUR OWN VEHICLE**

**PHOTOGRAPH**: It is **REQUIRED** that a photograph be submitted with your application. Photographs may be used in the parade publicity and to assist in the selection process. Photographs will only be returned upon request with a self-addressed stamped envelope. If you are entering a float and a picture is not available, please submit a sketch. If a professional float, provide a certificate of authentication from the builder.

**ENTRY DEADLINES:** All entries must be received by **September 21, 2019**. All entries are subject to selection by the Fall Foliage Festival Parade Committee. All entries will be considered on a first received basis. There will be a limited number of positions in the line-up for each type of unit. **Submit entry to:** Morgan County Fall Foliage Festival, P.O. Box 1245, Martinsville, IN 46151 or office@morgancountyfallfoliagefestival.com

**PUBLICITY:** The parade is broadcast live on the radio. In addition, commentary is made at the reviewing stand. You are

**REQUIRED** to include a description of your entry for publicity purposes. This should include information about you, director’s name, number in unit, and names of persons on float, horses, etc. Please send the commentary with your application.

**RELEASE**: I have received, read, understand, and agree to all the rules and Regulations governing the Morgan County Fall Foliage Festival Parade. I understand that the Festival, it’s Board and/or Volunteers will not be held responsible for any accidents or damage resulting from my/our participation in the Fall Foliage Festival Parade.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_