

2019 FALL FOLIAGE FESTIVAL PARADE APPLICATION

“Celebrating 60 Years”

NAME / ORGANIZATION _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____

TELEPHONE _____ E-MAIL _____

PLEASE CHECK THE APPROPRIATE UNIT AND PROVIDE THE REQUESTED INFORMATION

___ 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 _____ PERFORMING ___ YES ___ NO

___ ADVERTISING NAME OF BUSINESS _____
VEHICLE _____ TRUCK _____ TRAILER _____

YOU MUST PROVIDE YOUR OWN VEHICLE – PLEASE READ THE PARADE RULES

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 20, 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 _____