

2024 FALL FOLIAGE FESTIVAL PARADE APPLICATION

“Autumn Blessings – Celebrating 65 Years”

SUNDAY, OCTOBER 13, 2024

Name/Organization: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Email: _____

PLEASE CHECK THE APPROPRIATE UNIT AND PROVIDE THE REQUESTED INFORMATION

____ Float ____ Professional (Built by a professional float builder ____ Non-professional

LENGTH _____ WIDTH _____ Recorded or live music ____ YES ____ NO

Do you want to be judged for a float award? ____ YES ____ NO

____ Band # of members _____ # of buses _____

____ Equestrian Mounted ____ # of horses _____ ____ Color Guard ____ Cart/Wagon

____ Other Animal Entry _____ Type _____ # in Entry _____

____ Vehicle ____ Car ____ Truck ____ Motorcycle ____ Other

Make _____ Model _____

____ Walking ____ Scout Troop ____ Color Guard ____ Clowns ____ Other

Description _____

____ # in unit ____ Performing ____ YES ____ NO

____ Advertising** Name of business: _____

Check # _____ Will Make Cash Payment in Office _____

**Parade Entry Fee of \$50 – Please make check payable to the Morgan County Fall Foliage Festival and either mail to PO Box 1245, Martinsville, Indiana, 46151, or drop payment off to the Fall Foliage Office, located at 128 N. Jefferson Street, Martinsville. Office hours are Tuesday through Thursday, 10:00AM to 2:00 PM.

Vehicle _____ Truck _____ Trailer _____

FALL FOLIAGE FESTIVAL PARADE GUIDELINES

- **YOU MUST PROVIDE YOUR OWN VEHICLE**
- 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 entering a float and a photo is not available, please submit a sketch. If entering a professional float, provide a certificate of authentication from the builder.
- All entries must be received by **OCTOBER 6, 2024**. All entries are subject to selection by the Fall Foliage Festival Parade Committee. All entries will be considered on a first come first serve basis. There will be a limited number of positions in the line-up for each type of unit. **** Due to scheduling with all parade organizers and security teams, entrants cannot be accepted the day of the parade.*** Submit entry to: Morgan County Fall Foliage Festival, P.O. 1245, Martinsville, IN 46151 or via email to fallfoliagefestivalparade@gmail.com
- The parade is broadcast live on the radio and via FaceBook Live. 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 commentary with your application.**
- Please reference the Fall Foliage Festival Parade Information Packet for additional critical information.
- 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, its Board and /or volunteers will not be held responsible for any accidents resulting from my/our participation in the Fall Foliage Festival Parade.

Signature: _____ Title: _____ Date: _____