

SALINAS HOLIDAY PARADE OF LIGHTS

Official Entry Application

Parade Date: Sunday, November 27, 2011 - 6:00 p.m.

Application for entry must be received by: October 15

(Please type or print legibly)

Name of Organization: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person: _____

Primary Phone #: _____ Alternate #: _____ FAX #: _____

E-mail Address: _____ Web Site Address: _____

Alternate Contact Person: _____ Phone#: _____

● UNIT INFORMATION ●

(See guidelines to decide your unit type, check one, sign application when complete, photos helpful.)

Band/Drum Corps Equestrian Float Specialty Unit Vehicle

Commercial/Business (\$200.00 entry fee or a parade sponsorship) Non-Commercial

Other (describe) _____

Number of Members in Unit: _____ Number of adults: _____ Children: _____ (ages) _____

Does unit have sound or music? Yes No

If yes, describe: _____

Are any vehicles requested to accompany this unit? Yes No

(Vehicles will be limited & must be approved)

If yes, describe: _____

**●The following information would be used for announcer scripting.
Please provide as much information as possible.**

Description of unit for announcers (please be specific): _____

Comments or requests: _____

● **FLOAT INFORMATION** ●

(Complete the following information if submitting a float entry.)

ENTRY CATEGORY: Professional Built Self-Built

Parade Float Theme Title: _____

Overall float size: Length: _____ Width: _____ Height: _____

Describe float concept: _____
(Use second page if needed to fully describe.)

Approximate number of lights used: _____

I/we hereby understand and agree to accept the risk of bodily injury and/or property damage which I/we may incur or cause a third party to incur as a result of my/our participation in the Salinas Holiday Parade of Lights. With this understanding, I/we further agree to indemnify, defend and save harmless the City of Salinas, the Parade Committee, and the Oldtown Salinas Association, its Boards, its Commissions and their respective officers, agents, and employees from and against any and all claims, losses, injuries, suits and judgments arising from, or in connection with/my successors, assigns, heirs, executors and administrators, and any other persons or entity's who/which may have a claim based on my/our personal injuries and/or property damage. I/we further understand and agree that this save harmless and indemnification shall apply to and all facilities that the City of Salina, the Parade Committee, and Salinas Oldtown Association may own and/or control. Furthermore, I/we have read and agree to abide by the Salinas Holiday Parade of Lights guidelines and rules, as shown in the pages provided and those to be presented with the participant's information package if my unit is accepted.

Organization: _____ Date: _____

Authorized Representative Signature: _____

Authorized Representative (print): _____

- **Salinas Holiday Parade of Lights Application must be signed.**
- **ALL entry applications are subject to review approval by the parade organizers.**
 - **Please make a copy for your records**
 - **A \$50.00 check must accompany application for non-profit organizations**
- **Commercial/Business entries must include entry fee of \$200.00 with application (no cash, checks only payable to Salinas Holiday Parade of Lights)**

Return original entry application to:

Salinas Holiday Parade of Lights
Ray Pulver, Parade Coordinator
Upbeat Parade Productions
5320 Cedar Grove Circle – San Jose, CA 95123
408-629-2520 (phone/fax) Email: Upbeatparades@aol.com
Information on Parade: www.salinasparade.com