

Dec. 8, 2018 @ 10:30 a.m. SMITHFIELD CHRISTMAS PARADE APPLICATION

Name of entry _____

Category	Band	Dance	Equine	Float	Marching Unit	Vehicle	Car/Motorcycle Club
<i>please circle</i>	\$25	\$25	\$25	\$25	\$25	\$25	\$50 /per 10 vehicles

Contact person _____ Phone _____

Will you be performing for judges? *circle one* Yes No Will you be using music? *circle one* Yes No

Email *please print clearly* _____

Street address _____

City/Town _____ State _____ Zip _____

VERY IMPORTANT: In order to facilitate an efficient line-up, **please measure the EXACT amount of space your entry will require;** including float, vehicle pulling float and the number of feet between vehicle and float plus any room needed for your participants marching on the street. Please be as accurate as possible.

enter # of feet needed in box:

Short summary of your entry or organization to be announced by emcee:

The parade will take place rain/snow or shine. In case of cancelation of the parade due to severe weather we will email registrants at the email provided above and post any cancelation on our website: <http://www.visitSmithfieldIsleofwight.com/> and on Facebook at Smithfield & Isle of Wight Tourism. Sorry, no refunds.

I hereby certify that I am eighteen (18) years of age or the legal parent/guardian of the child or children who will be participating in the events, programs or activities designated in this registration. I agree as an adult, parent or guardian, for myself and said participant(s), that I assume the risk of any and all injuries to myself and participant(s). I hereby agree to indemnify and hold harmless: Isle of Wight County, the Board of Supervisors, Town of Smithfield, Town Council, and Smithfield & Isle of Wight Tourism, along with their successors and assigns, from any and all claims for any injuries suffered or caused by myself or said participant(s) due to participation in said event. I grant my permission to transport the participant(s) to and from said events when required and to hold harmless those assigned to transport. I authorize immediate first aid for any injuries suffered or sustained as deemed necessary by professional medical personnel.

Signature _____ Date _____

Photo Waiver/Consent to use photographs: Stating further, I authorize Smithfield & Isle of Wight Tourism Convention and Visitors Bureau and its departments to take photographs, audio and video recordings of me and/or my child at any attraction, facility, park, or event for publications used in promoting Tourism in Smithfield and Isle of Wight County. *For Groups, one signature from your Leader or Team Organizer will suffice.

Signature _____ Date _____

Please make checks payable to: IOW County

Return this form to: IOW Tourism/Visitors Center fax 365-4360
c/o Connie Chapman, 319 Main Street, Smithfield, VA 23430

Registration Deadline: 5:00 p.m. November 1, 2018 or when full.

For Tourism Use:	Assigned Space & Time
Recvd _____	_____
Amt _____ By _____	_____
Ck _____	_____