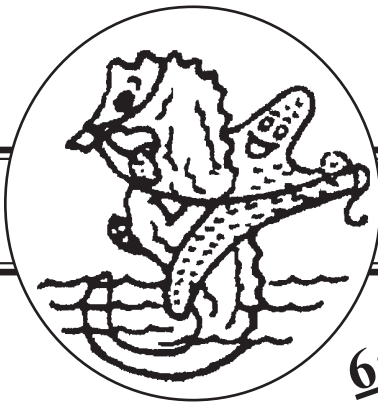




FATHOMS O'FUN FESTIVAL, Inc.

"54th Annual Grand Parade"
SAT, SEPTEMBER. 4, 2021

ENTRY
APPLICATION

6:00 PM

RETURN TO:
Parade Chairman
PO Box 312
Port Orchard, WA 98366

Entry deadline: AUG 1
Phone (360) 871-1805

**NAME OF
ENTRY**

SPONSOR

NAME OF PERSON IN CHARGE: _____

(Please print name)

MAILING ADDRESS:

6:00 PM
Parade start time

Phone: _____

Email: _____

CLASSIFICATION: ☐ community ☐ commercial ☐ noncommercial ☐ fraternal

Please check the category below which best describes your entry:

☐ **Float:** Length _____ Width _____ Height _____

☐ **Band:** ☐ school ☐ other ☐ other _____

☐ **Vehicle(s) - Describe:** _____

How many are walking with vehicle? _____

☐ **Marching:** ☐ drill team ☐ baton ☐ military ☐ color guard ☐ dance

☐ **Equestrian/Other Animals:** How many? _____ **NOTE: Pooper Scooper required**

☐ **Children:** ☐ Scouts ☐ other _____

☐ **Novelties/Other - Describe:** _____

☐ **Music/Noise - Describe:** _____

HOW MANY?

People Vehicles

The Parade Committee will determine judging category assignments. Categories may be subdivided or combined for judging purposes.

INDEMNITY AGREEMENT

In consideration of the acceptance of this application, applicant agrees to save and hold harmless all officers, employees and agents of the Fathoms O'Fun Festival, Inc. and the City of Port Orchard from any loss or damage whatsoever to persons or property arising out of the participation in the festival and, further, agrees to defend said personnel from any claims or damage related hereto.

Dated: _____ day of _____, _____

PLEASE COMPLETE
PUBLICITY SHEET
ON OTHER SIDE

Signed _____

Please print name here

Phone #

FATHOMS O' FUN FESTIVAL GRAND PARADE PUBLICITY SHEET

IMPORTANT! The parade announcers and the medial will use this information.
Please print or type.

NAME OF YOUR UNIT AS YOU WISH IT USED IN PUBLICITY:

DESCRIPTION OF UNIT:

KEY PERSONNEL: (Royalty, director, leader, etc.)

SPECIAL AWARDS, APPEARANCES, HISTORY:

SPONSORED BY: _____

Contact person: _____

Address: _____

Phone: _____

Please return completed form to:
Parade Chairman/Publicity
PO Box 312 ~ Port Orchard, WA 98366