FATHOMS O'FUN FESTIVAL, Inc.

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

_____

_____

_____

Phone:_____

Email:_____

6:00 PM
Parade start time

CLASSIFICATION: ☐ **community** ☐ **commercial** ☐ **noncommercial** ☐ **fraternal**

Please check the category below which best describes your entry:

	HOW MANY? People	HOW MANY? Vehicles
☐ **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:**_____		

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