| Krewe Member Registration Form | | | |
| --- | --- | --- | --- |
|  | | | |
| KREWE NAME: | | | |
| Member Name: | | | |
| Date of birth: | E-mail: | | Phone: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
|  |  | |  |
| Might your Employer be intersted in A future Mardi Gras sponsorship?If yes, please provide the following: | | | |
| Employer: | | | |
| Employer address: | | | Contact: |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Position: |  | |  |
| Spouse Information if joint membership | | | |
| Name: | | | |
| Date of birth: | E-mail: | | Phone: |
| Might your Spouse’s Employer be intersted in A future Mardi Gras sponsorship?If yes, please provide the following: | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Position: |  | |  |
| PARTICIPATING CHILDREN: (LIST ADDITIONAL CHILDREN ON BACK) | | | |
| Name: | | Age: | |
| Name: | | Age: | |
| Name: | | Age: | |
| Signatures | | | |
| **PLEASE MAKE SURE YOUR ENTIRE FAMILY REVIEWS THE PARADE INFORMATION PACKET! IF YOU HAVE CHILDREN PARTICIPATING, PLEASE REVIEW ALL MINOR INFORMATION IN THE ,INFORMATION PACKET!**  **\*\*\*HOLD HARMLESS\*\*\***  **I, the undersigned, have read and understand the Parade Rules and hereby request permission to participate in the Mardi Gras Huntsville Parade, hosted by Blount Hospitality House. I agree that I am responsible for my own safety and the safety of my family. I also agree that eh Mardi Gras Parade, Blount Hospitality House, staff & directors, will not be held liable for any injuries, damages or claims resulting from our participation in the Mardi Gras Parade, held on March 2, 2019 at 4:30 in the afternoon. I understand that my group and I are participating in the event at our own risk.**  **In addition, I understand that any photographs taken in this parade will be used for marketing purposes in the future. Pictures may be found on websites, promotional materials, and TV promotions.** | | | |
| Signature of applicant: | | | Date: |
| Signature of spouse (only if for a joint membership): | | | Date: |

PLEASE RETURN REGISTRATION FORM TO: BLOUNT HOSPITALITY HOUSE

610 MADISON STREET

HUNTSVILLE, AL 35801

Or to: [Marydae@aol.com](mailto:Marydae@aol.com)

THANK YOU FOR REGISTERING & FOR SUPPORTING BLOUNT HOSPITALITY HOUSE AND MARDI GRAS HUNTSVILLE!