

THE ST. JOHNS ANNUAL Santa Parade of Lights

Friday, December 1, 2017 5:45 P.M.

Name of Organi	ization or Entry:		PARA	DE ENTRY FOR	RM	
Contact Name:		Phone: Email:				-
Address:			City:		Zip:	
Description of E	Entry to be used by our Para	de Announcer:				_
Type of Entry:	☐ Antique Vehicle	Police/Fire/EMT/Milit	ary Unit	Service Group	☐ Governmentel Unit	_
	☐ Veterana Group ☐ Musical Group	Clowns/Humorous Fig Equestrian/Animal Unit	-	☐ Walking Unit ☐ Roat	☐ Marching Band ☐ Other	
Please describe in o	tetail the type of vehicle(s), trailers.	etc that will be in your parade	entry. Flease inclu	de the LENGTH (in feet) of your	(please describe)	
	-					
Please note vo	ou are NOT allowed to have	Santa represented in you	ur entry. The Pa	rade Committee will prov	ide the Official Santa Clar	us.
We don't want t	o confuse the children watc	hing, so please abide by	this rule. Parac	le line up will begin at 5:00	pm in the Courthouse park	ing
lot and all entri	ies must be in the parade line All units must be lighted / illut					•
	National State of the Control of the					o fully rollogra
and discharge the t	t FOR PARTICIPANTS: As an individ City of St. Johns, the Principal Shoppi	ng District Members and Board a	and its affiliated organ	izations, agents, volunteers and e	imployees from any and all claims	from ilmjuries
including deadh, da	amages or loss which Un may have a and hold harmless the City of St. Joh	or which may occur to me/it on	account of my/its po	reidpation in the Parade regardle	ess of fault. The undersigned funi meers, and employees from any	her agrees oo and alli claims
resulting from prop	enty damage or injuries, including de	ath and losses of my/les agents,	volunteers, parade pa	indicipants and employees, sustain	ed by and adding out of, connect	ed with, or in
	with my/its participation in the part and rules may result in the removal of		md agrees to abide b	y the parade rules and regulation:	s. The undersigned understands t	nat fallene to
Print Name	of Individual or Group Repre	sentative	ntative Signature of Individual or Group Representative:			
Phone No. of In	dividual or Group Represent	ative Email	of Individual or	Group Representative	Date	