Welcome to the

ST. PATRICK'S DAY PARADE

of Surfside Beach

Entry Name:						
Contact Name:		1				
Mailing Address:						
City, ST ZIP:						
E-mail Address:						
Type of Entry Please check one:						
float	vehicle	motorcycle	4-wheeler/golf cart	horse		
Call Susan (979-709-9979) or Dee Hallahan (979-292-5741) if you have any questions.						
We will use this in	formation for the judges' ve	oting forms and to sen	d you information about next	year's		
events. After judging, stay parked where you are until security tells you to move. Security will be lining						

up the winners and all other participants. Your cooperation in this matter will expedite the progress of the parade.

Thank you for participating in this year's parade. Without you, Surfside Beach could not continue to have the best parade on the Gulf Coast.

St. Patrick's Day Parade Organization of Surfite Beach

Surfside Beach St. Patrick's Day Parade Liability Waiver

Participants must complete this form before participating in the parade and submit this form in consideration of participating in the parade.

Participar	nt:			
Full Name	::			
Birth Date	e:/	_		
Address: _				
City, State	e, ZIP Code			
Contact	Home:	Work:	Cell:	_
E-mail add	dress:			_
Emergeno	cy Contact Information:			
Name:				_
Relationsh	nip to Participant:			
Contact	Home:	Work:	Cell:	_
		Liability Waiver Ag	reement	
injury wit	· · ·	•	ch St. Patrick Day's Parade at r (including serious injury or dea	•
persons a releases. bystander this waive	offiliated with this parade I certify that I understan I s and observers from my I releases. I will indemnif	. This release include nd that the potential participation in the pa fy the parade from inj	le, its officers, agents, employee injuries caused by the person risk is to not only participan rade including injuries caused by uries caused by my negligence to parade.	n(s) this waiver its but also to y the person(s) to participants,
Participar	nt's Signature:		Date:	
Parent's/	Guardian Signature's:		Date:	