



2019 PARADE APPLICATION FORM
 Village of Woodridge 60th / Woodridge Park District 50th
Anniversary Parade
 Saturday, September 28, 2019 @ 9:00 a.m.

CONTACT INFORMATION:

Name of Applicant (Unit):		Position No. (Official Use Only)	
Sponsoring Organization: <i>(Type "Same" if same as Applicant)</i>		Contact Email:	
Person in Charge (Owner / Agent):		Contact Phone: Cell (if different)	
Organization's Street Address:		City/State/Zip	

PARADE ENTRY: We would like to be entered into the following category *(Check Appropriate Box):* See parade theme recommendation in parade rules.

FLOATS:		NON-MUSICAL MARCHING UNITS:	
1A	Civic, amateur made	3A	Drill Team
1B	Civic, professionally made	3B	Color Guard
1C	Commercial, amateur made	3C	Other Marching Unit <i>(Describe Below)</i>
1D	Commercial, professionally made	MISCELLANEOUS:	
MUSICAL UNITS:		4A	Equestrian
2A	Band, Non-Affiliate	4B	Antique Vehicles <i>(25 Years or Older)</i>
2B	Band, High School	4C	Vehicles <i>(Describe below)</i>
2C	Band, Grade / Junior High	4D	Clowns / Mascots
2D	Pipe and Drum Corps	4E	Other (Motorized) <i>(Describe below)</i>
2E	Non-Marching	4F	Other (Non-Motorized) <i>(Describe below)</i>
Number of persons in unit:		Dispensing of Candy/Other items per rules <i>(Describe type):</i>	
Does your entry feature any distinguished persons of note:		Please specify:	
Number of Vehicles in unit:		Description of Vehicles	
Does your unit emit music:		Type of Music	
Miscellaneous Information <i>(Use back side of form if needed):</i>			
Parade Theme	Celebrate Woodridge!		

The applicant agrees to abide by all Village Ordinances, by the Committee rules and regulations, and the terms of this application.

The Applicant acknowledges that the Committee has the authority to govern the conduct and organization of the Parade, and agrees to abide by all decisions made on the day of the Parade by the Committee or by its agents.

Applicant acknowledges receipt of the "Rules" sheet and accepts it as part of the application. The Applicant agrees that it is responsible for the safety of its unit, property connected there within and persons affiliated with the unit. The Applicant agrees to indemnify, defend and hold harmless the Village of Woodridge and Woodridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained arising out of, connected with, or in any way associated with the activities caused by the applicant.

Date:	Authorized Name of Signatory:
By:	
<i>(Authorized Signature)</i>	
Title:	

Please fill out completely and send to: Trevor Bosack, Administration Office, 5 Plaza Drive, Woodridge, IL 60517 or scan and e-mail to tbosack@vil.woodridge.il.us. You will be notified of your acceptance by mail or e-mail by Committee. For additional information contact Trevor Bosack at 630-719-4709 or tbosack@vil.woodridge.il.us



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Description of entry / Description of Special Needs

(i.e. time issue due to participation in another event, approximate space/length of unit needed, honorarium, etc.)

Empty space for providing the description of entry or special needs.