

AMERICAN LEGION POST 263
P.O. BOX 596
ESCALON, CA 95320

Parade Entry Form

Event: PARK FETE PARADE
Location: ESCALON, CA
Date: SATURDAY, July 10, 2010
Time: Lineup starts at 9:30 AM; parade starts at 10:30 AM

Organization Name: _____

Type of Entry (The description to be used by the announcer):

Number Participating in Parade: _____

Name of Coordinator: _____

Address: _____

City: _____ ZIP: _____

Phone Number: _____

Return Parade Applications, by June 30, 2010, to:

American Legion Post 263

PO Box 596

Escalon CA 95320

For Questions Call (209) 838-7064 Darrell Voortman or (209) 595-5013 Robert Swift Participants in the parade agree to accept decisions made by the judges and to follow the rules and decisions made by the organizers of the event. All participants also release the organizers, volunteers, and the city of Escalon from responsibility of loss, damage, or injury to any person or property while participating in the parade.

Signature of Organization Representative and/or Responsible Adult

X _____ Date: _____

I understand and agree to the terms above.