

2019 ZSBA/ZMC Chamber Holiday Parade

REGISTRATION FORM

Organization or Business Name _____

Contact Person _____

Mailing Address _____ City _____

Phone (day) _____ Phone (evening) _____

*Email _____

Entry Category: (Check One)

Entry Fee:

- | | |
|--|---|
| <input type="checkbox"/> Commercial Entry | \$50 for one vehicle; \$10 each additional vehicle |
| <input type="checkbox"/> Dignitary/Politician/Political Candidate | NO CHARGE |
| <input type="checkbox"/> Non-Profit Organizations, Schools, Churches | NO CHARGE |
| <input type="checkbox"/> Public Safety Vehicle | NO CHARGE |
| <input type="checkbox"/> Car or Truck (Classic, Historical, Show Quality Entries Only) | NO CHARGE (for individual owners or non-profit clubs) |
| <input type="checkbox"/> Motorcycle | NO CHARGE (for individual owners or non-profit clubs) |
| <input type="checkbox"/> Clowns – with vehicles? __Yes __No #of Units __ | NO CHARGE (for non-profit clubs) |
| <input type="checkbox"/> Parade Sponsor | |

Describe your entry: (Check one and provide requested information)

- Float or Trailer (length in feet) _____ Pulled by: __ Pick-up Truck __ Tractor __ Other
Do you plan to have music on your float? __Yes __No
- Car, Truck, or Motorcycle: Year: _____ Make: _____ Model: _____
- Performing Group: (select one) __Band __Color Guard __Drill Team __Choir __Dance Team
Will there be a vehicle with your performing group? __Yes __No Type _____
Will there be a float with your performing group? __Yes __No (If yes, complete information below)
Float or Trailer (length in feet) _____ Pulled by: __ Pick-up Truck __ Tractor __ Other
- Entry includes Animals: Please note, you must provide clean up in the staging area and during the parade.
Type of animal(s) and how many? _____
- Other type of entry (describe) _____

Description of Entry: _____

Liability Waiver:

I/ VVe release Zanesville South Business Association, ZMC Chamber of Commerce, City of Zanesville, Village of South Zanesville, the ZSBA Holiday Parade Planning Committee, and all other sponsoring organizations and individuals, the State of Ohio, any and all of its departments, agencies, officers, or employees, and all parade committee workers from any and all liability in any way arising from injuries, losses, and damages to person and property that might be sustained or received in connection with the ZSBA Holiday Parade. I/ VVe do agree with the attached Guidelines, Rules & Information.

Entrant's Name (Please Print) _____

Entrant's Signature: _____ Date: _____

Complete Registration Form & enclose check (if applicable) payable to: **ZSBA**
Mail to: ZSBA - PO Box 1721 - Zanesville, OH 43702-1721