



FATHOMS O'FUN FESTIVAL, Inc.

53rd Annual "GRAND PARADE"
SATURDAY, JUNE 25, 2022

ENTRY
APPLICATION

6:00 PM

RETURN TO:
Parade Chairman
PO Box 312
Port Orchard, WA 98366

Entry deadline: June 12
Phone
(360) 871-1805

NAME OF ENTRY	SPONSOR
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NAME OF PERSON IN CHARGE: _____

(Please print name)

MAILING ADDRESS:

Phone: _____

Fax: _____

E-Mail: _____

6:00 PM
Parade start time

CLASSIFICATION: <input type="checkbox"/> community <input type="checkbox"/> commercial <input type="checkbox"/> noncommercial <input type="checkbox"/> fraternal	HOW MANY?	
Please check the category below which best describes your entry:	People	Vehicles
<input type="checkbox"/> Float: Length _____ Width _____ Height _____		
<input type="checkbox"/> Band: [] school [] other [] other _____		
<input type="checkbox"/> Vehicle(s) - Describe: _____		
How many are walking with vehicle? _____		
<input type="checkbox"/> Marching: [] drill team [] baton [] military [] color guard [] dance		
<input type="checkbox"/> Equestrian/Other Animals: How many? _____ <i>NOTE: Pooper Scooper required</i>		
<input type="checkbox"/> Children: [] Scouts [] other _____		
<input type="checkbox"/> Novelties/Other - Describe: _____		
<input type="checkbox"/> Music/Noise - Describe: _____		

The Parade Committee will determine judging category assignments. Categories may be subdivided or combined for judging purposes.

INDEMNITY AGREEMENT

In consideration of the acceptance of this application, applicant agrees to save and hold harmless all officers, employees and agents of the Fathoms O'Fun Festival, Inc. and the City of Port Orchard from any loss or damage whatsoever to persons or property arising out of the participation in the festival and, further, agrees to defend said personnel from any claims or damage related hereto.

Dated: _____ day of _____, _____



Signed _____

Please print name here

Phone #

FATHOMS O' FUN
GRAND PARADE PUBLICITY SHEET

IMPORTANT! The parade announcers and the medial will use this information.
Please print or type.

NAME OF YOUR UNIT AS YOU WISH IT USED IN PUBLICITY:

DESCRIPTION OF UNIT:

KEY PERSONNEL: (Royalty, director, leader, etc.)

SPECIAL AWARDS, APPEARANCES, HISTORY:

SPONSORED BY: _____

Contact person: _____

Address: _____

Phone: _____

Please return completed form to:
Parade Chairman/Publicity
PO Box 312 ~ Port Orchard, WA 98366