

# FATHOMS O'FUN FESTIVAL, Inc.

**"54th Annual Grand Parade" ENTRY APPLICATION**  
**SATURDAY, JUNE 24, 2023**

**6:00 PM**

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

**Entry deadline: June 15**  
Phone  
**(360) 871-1805**

**NAME OF ENTRY** \_\_\_\_\_ **SPONSOR** \_\_\_\_\_

NAME OF PERSON IN CHARGE: \_\_\_\_\_

*(Please print name)*

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**6:00 PM**

**CLASSIFICATION:** ( ) community ( ) commercial ( ) noncommercial ( ) fraternal

**Please check the category below which best describes your entry:**

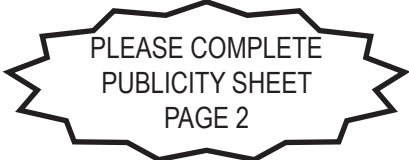
	HOW MANY?	
	People	Vehicles
( ) <b>Float:</b> Length _____ Width _____ Height _____		
( ) <b>Band:</b> [ ] school [ ] other [ ] other _____		
( ) <b>Vehicle(s) - Describe:</b> _____ How many are walking with vehicle? _____		
( ) <b>Marching:</b> [ ] drill team [ ] baton [ ] military [ ] color guard [ ] dance		
( ) <b>Equestrian/Other Animals:</b> How many? _____ <b>NOTE: Pooper Scooper required</b>		
( ) <b>Children:</b> [ ] Scouts [ ] other _____		
( ) <b>Novelties/Other - Describe:</b> _____		
( ) <b>Music/Noise - Describe:</b> _____		

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 FESTIVAL**  
**GRAND PARADE PUBLICITY SHEET - page 2**

**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

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

SPECIAL AWARDS, APPEARANCES, HISTORY:

SPONSORED BY: \_\_\_\_\_

Contact: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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