



*Please Fill Out This Form Entirely & Clearly:*

**Name of Organization:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**Email:** \_\_\_\_\_ . Cost of your Band: \_\_\_\_\_

**Music or Sound being used?** ( ) Yes ( ) No Any entries selecting "No sound" will not be permitted to use sound parade night

**A. FLOATS**

1. ( ) Youth Float ( ) Non-profit organization ( ) Business (Please see bullet point below..)
2. Length of Entry: \_\_\_\_\_ feet
3. Description of Vehicle (Please provide as much detail as possible. IE; pick-up truck pulling 10' trailer):

**B. WALKING GROUP** (includes masqueraders)

1. ( ) Individual (1 person) ( ) Small group (2 – 4 people) ( ) Group (5+ people)\*  
( ) Dance Team\* ( ) Twirling Group\* \*Number of people in group? \_\_\_\_\_
2. Will any buses be bringing your group? ( ) Yes ( ) No Number of buses: \_\_\_\_\_

**C. MISCELLANEOUS**

1. ( ) Fire Department Name: \_\_\_\_\_  
Number of Trucks: \_\_\_\_\_  
*Note: All trucks must be decorated with a fall/Halloween theme or members dressed up!*
2. ( ) Car Club - Number of cars: \_\_\_\_\_

**D. PARTICIPATION**

# of Adults Participating: \_\_\_\_\_ # of Children Participating: \_\_\_\_\_

- **NO CANDY MAY BE THROWN!** However, people walking may hand out candy.
- Please, **NO POLITICAL SIGNS OR ENDORSEMENTS.** We will turn away anyone displaying such signs the night of the parade. No exceptions.
- During staging, each group is responsible to clean up after themselves prior to departing onto the parade route. *Any areas left dirtied with trash will be banned from the parade in the future.*
- A Rules & Regulations paper will be emailed or mailed to the contact person. ***This will signify your registration has been received and is approved.*** Any participants not adhering to the rules/regulations will be asked to leave the parade route by local police.
- If you are a business, please consider making a donation to the parade! We use the funds to aid in inviting bands to participate, trophies and giving back to the community.
- The registration form must be completed and given to a committee member, dropped off at the Schuylkill Haven Recreation Center or mailed to the Schuylkill Haven Parade Committee at 233 Paxson Ave, Sch Haven PA 17972. Forms can be scanned and emailed to [afarrphoto@gmail.com](mailto:afarrphoto@gmail.com) as well.

**Deadline to register is OCTOBER 20, 2018!!** Please keep in mind, there is no rain date for this year's parade!



**Please read carefully, sign & return with registration form**

I agree that I will abide by the rules, policies, and decisions of the Schuylkill Haven Borough, Recreation Department and parade committee. I acknowledge and confirm that I have the requisite skills, qualifications, physical abilities, and training necessary for me to safely participate in this parade. I give permission for the Borough of Schuylkill Haven, Schuylkill Haven Recreation Department and parade committee to use any photos taken of me during the parade on social media, websites and the like. I recognize the possibility of physical injury to myself if I participate in the Schuylkill Haven Halloween Parade. In consideration for the Borough allowing me to participate in this parade, I hereby knowingly and voluntarily release the Borough of Schuylkill Haven, Schuylkill Haven Recreation Department and parade committee and all of its agents, employees and officers from and against any and all claims, losses, damage, liability or expense occurring to any of my property or for personal injury or death which may result from my participation in the parade, including injury or death that may be caused by the Borough of Schuylkill Haven, the Schuylkill Haven Recreation Department, parade committee and all of its agents, employees and officers negligent actions. I assume all liabilities and injury that may result because of my participation in this parade.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This year, we are not charging for businesses to enter the parade. If you would like to donate, please see the donation request letter below! Any little bit helps to continue to grow our parade and we appreciate your generosity!



**Schuylkill Haven Halloween Parade Organization**

233 Paxson Ave  
Schuylkill Haven, PA, 17972

To Whom It May Concern,

We write to ask you to support our organization this year with a donation to the Schuylkill Haven Halloween Parade. As a small group of volunteers, we are looking to bring back our annual Halloween parade this year and for many years to come. In order for this to happen, we rely on the support of the generous individuals and businesses.

**We encourage all donors to enter a float in the parade and join us October 30, 2018 at 7:00 P.M.**

We are counting on your support! We do hope that you will respond positively to our written request. This year, we have different levels of support for you to choose from:

Gold	Silver	Bronze
\$501-\$1000+	\$251-\$500	Up to \$250
-Facebook Plug -Banner before major band -Sign on sponsor truck in parade -Advertisement during parade announcements. -Advertisement in thank you in local newspaper. -Trophy sponsor	-Facebook Plug -Banner before minor band -Sign on sponsor truck in parade -Advertisement during parade announcements. -Mention in local newspaper	-Facebook Plug -Sign on sponsor truck in parade -Advertisement during parade announcements.

Checks can be made payable to "Schuylkill Haven Recreation Department" with "Halloween Parade" written in the memo line.

**Thank you in advance for your support!**

Sincerely,

Ashley Farr  
Parade Chairperson

## **FOR ALL PARTICIPANTS OF YOUR GROUP TO FILL OUT:**

(Please return on or before the night of the parade. Failure to do so will result in no parade participation!!)  
*Form may be photocopied!*

Name of Organization: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name & Phone: \_\_\_\_\_

**-Please read carefully and sign-**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If I am the parent/legal guardian, I acknowledge that I am the parent or legal guardian of the registrant and that I have legal authority to bind my child to the terms of this release and waiver.

Parent/Guardian Name: (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_