

Morton Grove Days Commission
6101 Capulina
Morton Grove, IL 60053



Contact: Terri Cousar
(847) 638-2706



2013 PARADE ENTRY FORM

Name of Participating Group/Individual: _____

Primary Contact Person: _____ Phone _____

Address: _____ City: _____ State _____

Zip: _____ Email: _____

Unit Category	What are you entering?
<input type="checkbox"/> Non Profit Organization	<u>Unit Type</u> <u>How many?</u> <u>Length</u>
<input type="checkbox"/> Sports Related Entry	<input type="checkbox"/> Float _____ qty _____ ft
<input type="checkbox"/> Business Entry \$100.00	<input type="checkbox"/> Truck _____ qty _____ ft
<input type="checkbox"/> Political Entry \$100.00	<input type="checkbox"/> Van _____ qty _____ ft
<input type="checkbox"/> Donation \$ _____	<input type="checkbox"/> Car _____ qty _____ ft
<input type="checkbox"/> Individual	<input type="checkbox"/> Marcher's _____ qty
<input type="checkbox"/> Other: describe _____	<input type="checkbox"/> Other (describe): _____

Recommended donation for all other categories is \$50. Thank you!

Will your entry be playing live or recorded music? YES _____ NO _____

DUE TO INSURANCE REGULATIONS, No one is permitted to throw items from moving vehicles!
All handouts must be passed along the curb ONLY. This will be strictly enforced!

We cannot guarantee specific parade positions. *Entry fees are non-refundable*

*Please make checks payable to **Morton Grove Days** and note "Parade" in the memo section.*

Amount Enclosed: \$ _____

MC  VISA 
Card # _____ EXP DATE _____ Security Code _____

SIGNATURE _____ DATE _____

Please return this form by JUNE 8, 2013

**Mail form to: Morton Grove Days Committee
Terri Cousar, Parade Chairperson
6101 Capulina
Morton Grove, IL 60053**

Further information will be e-mailed to you at a later date.

THE PARADE WILL TAKE PLACE THURSDAY, JULY 4, STARTING AT 2:30 P.M.

***If your parade entry is mechanized (car, truck, motorcycle), you MUST provide Proof of Insurance!**

Visit us at www.mortongrovedays.org

OVER

Please complete for Parade Announcer:

FACT SHEET

NAME OF GROUP: _____

DIRECTORS and OTHER IMPORTANT PEOPLE
(please include titles and responsibilities)

HISTORY, AWARDS, OTHER PERTINENT INFORMATION
