

Morton Grove Days



Bringing Our Community Together

Morton Grove Days Commission ■ 6101 Capulina Ave. ■ Morton Grove, Illinois 60053

www.mortongrovedays.org



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2015 PARADE ENTRY FORM

Name of Participating Group/Individual: _____

Primary Contact Person: _____ Phone _____

Address: _____ City: _____ State _____

Zip: _____ Email: _____


UNIT CATEGORY		Parade Entry Fee		WHAT ARE YOU ENTERING? (Motorized vehicles are REQUIRED to provide proof of insurance)		
				Unit Type	How Many?	Vehicle Length
<input type="checkbox"/>	Non-Profit Organization	\$ 50		<input type="checkbox"/>	Float	_____ qty _____ ft
<input type="checkbox"/>	Individual	\$ 100		<input type="checkbox"/>	Truck	_____ qty _____ ft
<input type="checkbox"/>	For-Profit Organization	\$ 100		<input type="checkbox"/>	Van/SUV	_____ qty _____ ft
<input type="checkbox"/>	Youth-Related Entry	\$ 50		<input type="checkbox"/>	Car	_____ qty _____ ft
<input type="checkbox"/>	Additional Donation	\$ _____		<input type="checkbox"/>	Marchers	_____ qty _____
<input type="checkbox"/>	Other (please specify below)	\$ 50		<input type="checkbox"/>	Other (describe) _____	
_____		Will your entry be playing live or recorded music? <input type="checkbox"/> YES <input type="checkbox"/> 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: \$ _____

 **VISA**

Card # _____ EXP DATE _____ Security Code _____

SIGNATURE _____ DATE _____

For Office Use Only Date Received _____ Application Fee Paid _____

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
