

Morton Grove Days



Bringing Our Community Together

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

www.mortongrovedays.org



Follow us on Twitter: @ mortongrovedays

2016 PARADE ENTRY FORM

Name of Participating Group/Individual: _____

Primary Contact Person: _____ Phone _____

Address: _____ City: _____ State _____

Zip: _____ Email: _____

UNIT CATEGORY		
<input type="checkbox"/>	Non-Profit Organization	\$ 50
<input type="checkbox"/>	Individual	\$ 100
<input type="checkbox"/>	For-Profit Organization	\$ 100
<input type="checkbox"/>	Youth-Related Entry (such as Scouts or Sports)	\$ 50
<input type="checkbox"/>	Additional Donation	\$ _____
<input type="checkbox"/>	Other (please specify below)	\$ 50

WHAT ARE YOU ENTERING? (Motorized vehicles are REQUIRED to provide proof of insurance)			
Unit Type		How Many?	Vehicle Length
<input type="checkbox"/>	Float	_____ qty	_____ ft
<input type="checkbox"/>	Truck	_____ qty	_____ ft
<input type="checkbox"/>	Van/SUV	_____ qty	_____ ft
<input type="checkbox"/>	Car	_____ qty	_____ ft
<input type="checkbox"/>	Marchers	_____ qty	
<input type="checkbox"/>	Other (describe)	_____	

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: \$ _____



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
