



VILLAGE OF MORTON GROVE 2017 PARADE ENTRY FORM

Name of Participating Group/Individual: _____

Primary Contact Person: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____

| UNIT CATEGORY | | | | 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 (such as Scouts or Sports) | \$ | 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 Village of Morton Grove and note "Parade" in the memo section.

Amount Enclosed: \$ _____



Card # _____ EXP DATE _____ Security Code _____

SIGNATURE _____ DATE _____

Office Use Only Date Received _____ Application Fee Paid _____

When filling out the "Emcee script information" on page 2, keep in mind that the information will be used to introduce your Group/Unit/Band/Troupe/Float to the audience. Please print type or write legibly (Additional sheet may be added).

EMCEE SCRIPT INFORMATION

NAME OF GROUP: _____

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

HISTORY, AWARDS, OTHER PERTINENT INFORMATION
