

2016



PARADE ENTRY FORM

This form must be completed and returned to the City's Parade of Lights Coordinator by **Friday, October 14 at 5 p.m.** to be eligible for the 2016 Parade of Lights.

Please Note the Following:

- Any entry turned in incomplete will be placed on the waiting list until completed.
- Those on the waiting list are not guaranteed entry into the parade.
- If you chose to cancel your participation in the parade after the mandatory Parade of Lights meeting in November, you will forfeit your parade space and will not be eligible to participate for the following year.

Individual/Group: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone (day of parade): _____

E-mail: _____

TYPE OF ENTRY:

Vehicle Only (select type): Automobile club Individual
Number of vehicles in the entry: _____ Vehicle length(s): _____

Float Only
Number of people riding on float: _____
Vehicle length: _____ Trailer size: length _____ width _____

Float + Walking Group
Number of people riding on float: _____
Number of people walking behind float: _____ (including chaperones, leaders, instructors, etc.)
Vehicle length: _____ Trailer size: length _____ width _____

Walking Group Only
Number in group: _____ (including chaperones, troop leaders, instructors, etc.)

Walking Group + Vehicle
Number in group: _____ (including chaperones, troop leaders, instructors, etc.)
Vehicle length: _____

Band
Number in group: _____ (including chaperones, troop leaders, instructors, etc.)
Will any vehicle be accompanying the group? Yes No If yes, vehicle length: _____

ADDITIONAL VEHICLE ENTRY INFORMATION:** For each vehicle that is part of your entry, please attach a copy of your vehicle's insurance card. It should include the following information: Insurance Company, Policy Holder, Policy Number, & Type of Vehicle.

CATEGORY: (check one)

- Best Lit Musical or Dance Group Best Lit Community Group Best Lit Automotive Group Best Lit Mascot
 Best Lit Business Biggest & Brightest Best Lit Animal

DESCRIPTION: Please briefly describe your Parade entry, such as the basic theme, design, decoration materials, use of lights, etc.:

****IMPORTANT! SUBMIT A NARRATIVE**:** Please include (on a separate sheet of paper) a narrative about your group and entry that the emcee can read over the public address system during the parade 100 word count limit.

****You may email your narrative to Special.Events@chandleraz.gov. Please put the name of your entry in the subject line.**

RETURN THIS FORM TO:

Parade of Lights Coordinator, City of Chandler, P.O. Box 4008 Mail Stop 500, Chandler, AZ 85244-4008 OR Fax: 480-782-2713

