

**Town of Plymouth
Christmas Parade
Thursday December 14, 2017**

Float # _____

We extend a warm invitation to you and/ or your organization to join us for the Annual Plymouth Christmas Parade. Lineup will begin at 3:30 pm at Plymouth High School located on Main St.

If you would like to participate, please complete the form below and return it by

Mail or fax no later than Wednesday December 6,, 2017

Stephanie Simpson

Plymouth Police Department 132 E. Water Street

Plymouth, NC 27962

Fax 252-793-1524

If you have any questions, please feel free to contact me at 252-793-4680 ext 221

*******ABSOLUTELY NO CANDY THROWING WILL BE ALLOWED *****
YOU MUST WALK AND PASS OUT CANDY**

Group Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Form of Transportation: ___ Walking ___ Mobile _____ Other (describe)

Number of People in Group: _____

Description of unit (float theme, kind of vehicle, or detail pertinent to placement)

I have read the Instructions for Participants and agree, on behalf of my organization, to adhere to all instructions, guidelines and safety rules and will communicate these instructions to all participating member of my organization. In addition, I, and all members of my organization agree to follow all instructions from Parade officials on the day of the event. I accept full responsibility for my own safety and those participating member of my organization while participating in parade activities. I understand that the Plymouth Christmas reserves the right to remove any displays or deny entry to any group(s) that do not meet the standards set forth in the guidelines, I agree to allow the Plymouth Christmas Parade use of photographs and video taken during the Parade for purposes of promoting the Parade this year and future years. I understand the Plymouth Christmas Parade reserves the rights to revise these regulations and/or terminate this agreement at its sole discretion.

I have read, understand and voluntarily sign this release and waiver of liability:

Signature: _____

Print Name: _____

Date: _____ # _____