



**44th Annual Festival of the Forks
Parade Application**

**Saturday, September 18, 2010, at 10:00 a.m.
Downtown Historic Commercial District, Albion, MI**

Theme: Sounds of Albion – Part II

Line Up: 8:45 a.m. – Huron Street, east side of Washington Gardner Middle School
www.festivaloftheforks.org

(KEEP TOP PORTION/RETURN BOTTOM)

Deadline for Application September 15, 2010

Please check entry category:

- | | |
|---|---|
| <input type="checkbox"/> Float-Community | <input type="checkbox"/> Antique Tractors and equipment* |
| <input type="checkbox"/> Float-Business | <input type="checkbox"/> Antique & Classic Cars* |
| <input type="checkbox"/> Float-Children & Family | <input type="checkbox"/> Decorated 4-Wheelers, Carts, Bikes, motorcycles, etc.* |
| <input type="checkbox"/> Float-Specialty (Scouts, 4-H, etc.) | <input type="checkbox"/> Marching Band |
| <input type="checkbox"/> Politician | <input type="checkbox"/> Horses |
| <input type="checkbox"/> Politician for Election Year \$50.00 | <input type="checkbox"/> Other |

**^Must be at least 16 years of age or accompanied by an adult to drive motorized vehicle in parade*

WALKERS MAY HAND OUT CANDY OR OTHER ITEMS, BUT NONE MAYBE THROWN FROM THE PARADE ENTRIES.

PLEASE INCLUDE A BRIEF DETAILED DESCRIPTION OF YOUR ENTRY AND THE NAMES OF THE PARTICIPANTS. THIS INFORMATION WILL BE USED BY OUR PARADE ANNOUNCER. (You may attach an additional sheet if necessary)

In consideration of inclusion as a participant in the Festival of the Forks Parade, receipt of which is hereby acknowledged, participant agrees to indemnify and hold harmless the City of Albion, Greater Albion Chamber of Commerce, the Festival of the Forks, its members & volunteers from and against any and all liability, loss, costs, demand, claims, fines, debts or judgments that participant or participant's member and/or volunteers may sustain or incur as a result of or arising from participant's involvement in the Festival of the Forks.

By signing the application, I agree that I have read and understood all the foregoing information. I am aware of the risks involved in the event.

Organization or Business _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-mail address _____

Signature _____ Date _____

Complete and return to: The Festival of the Forks, P.O. Box 238, Albion, MI 49224 OR take to the Greater Albion Chamber of Commerce, 203 S. Superior Street, Albion, MI; Fax: 517-629-4284 Telephone: 517-629-5533