

Christmas Parade Entry Form

Please fill out the below information and submit the completed form to recreeque register your organization or group for the 2024 Town of Paradise Christmas Parade:

Organization and/or Group Name		
Contact Person(s)		
Contact Phone Number		
Email Address		
What kind o	f unit will your entry be? (sel	lect one and provide the requested information)
	Float on trailer or on the back of a truck. Length in feet: Insurance Company: Insurance Policy #:	
	Car or Truck (people will be inside moving vehicle) Insurance Company: Insurance Policy #:	
	Walking Unit (e.g., cheerleaders, cadets, dance groups, etc.) Number of Participants: Other (e.g., bicycle, motor bike)	
Sunday, De Yes □		ck-up date. Are you able to make this date if needed?
	using the buses the town prox to Karwood Drive?	ovides for participants to transport from the Paradise Double
Yes □	No □ If yes, how many participants will require transport:	
restrictions as	s outlined in the attached "Re	any / group identified above agree to adhere to the Parade's egistration Information" sheet. I acknowledge that failing to d result in the forfeiture of our entry and / or the denial of future
Signature		Date

Privacy Notice: The personal information provided in this form is collected under the authority of Section 61(c) of the Access to Information and Protection of Privacy Act, 2015, only for the purpose of Christmas Parade administration. Personal information provided is administered and protected under the Access to Information and Protection of Privacy Act, 2015. If you have any questions about the collection, use and disclosure of your personal information, please contact the Town at 709-782-1400.