

COLLINGSWOOD HOLIDAY PARADE 2016

PO Box 9000

Collingswood, NJ 08108

EMAIL tseeley@collingswood.com

FAX # 856-858-9276

APPEARANCE AGREEMENT

Participant/Group Name _____

Street Address _____

City, State, Zip _____

Contact Name _____

Contact Phone # _____

(please provide best number for contact)

Contact Email _____ Fax _____ (if no Email available)

Please provide a **detailed description** of your entry - i.e., float, decorated vehicle, # of participants

Do you require a fee? ___ Yes ___ No Amount \$ _____ Participant fee requires Committee approval.

Date & Time of Event: Saturday, November 26, 2016 at 10am

Staging will be held between 7:30am and 9am. All entries must be in position by 9am.

A breakfast truck will be on location for your convenience.

TERMS OF THIS AGREEMENT INCLUDE:

1. Participants are not permitted to throw candy from vehicles along the Parade Route.
 2. Confetti is not allowed to be thrown, blasted or otherwise distributed along the Parade Route.
 3. In case of inclement weather, please call 856-858-9275 on the morning of event for a confirmation message announcing whether or not the Parade will be held.
- Fee will be paid only if the Parade takes place. Any deposit to be returned if Parade is cancelled.

Upon Committee approval, participant will receive a confirmation by email or fax.

In witness whereof, the undersigned will abide by the terms of this Agreement as the duly authorized representative.

Date

Signature of Participant

Please Print Name

For Committee Use Only: Approved _____ Position # _____ Sponsor? _____

Denied _____ Reason _____