

6th Annual REGIONAL VETERANS DAY PARADE Chaffee Crossing Historic District

SATURDAY, NOVEMBER 4th, 2017

Register online at ChaffeeCrossing.com or mail entry to:

Fort Chaffee Redevelopment Authority • 7020 Taylor Ave. • Fort Smith, AR 72916 Email: parade@chaffeecrossing.com / Phone: 479-452-4554

Name of Organization or person (Please print)				
Contact Name(s) (Print)				
Phone #1	hone #1 Phone #2			
Mailing Address				
City & Zip				
Email Address				
TYPE OF ENTRY (Please	e circle all that	apply):		
Float(s)	Auto(s)	Motorcycle(s)	Marching Band	
Individual	Business	Non-profit/Civic Chu	arch State Agency	
TOTAL # ENTRIES:		TOTAL # Walkers/Bikes/Autos (People):		
	-	ipating as a group must arriv will be notified with line-up i	e as a group, prior to checking instructions at a later date.	
Veteran Information Boo	oth Y N	Note: Bring your own ten	t/table/chairs	
Waiver must be signed b	y authorized o	rganization leader, parent, o	or guardian:	
participation in the Veterans Day Parad pedestrians, and parade floats present, v measures in place, and as representative I/we waive and release, on behalf of my	e. I am also aware that which may pose a dange e of the applicant I/we a yself and other participa rty of any kind arising f	this event takes place at Chaffee Crossing or to me and the individuals in my group. I a gree to carry adequate forms and limits of lints in my group, the sponsors, volunteers an from my/our participation in this parade, eve	or caused to my group or me as a result of my/our n city streets with motorized vehicles, animals, gree to have adequate supervision and safety ability coverage on vehicles and group operations. d administrators of this event from all claims of n any such that may arise out of negligence or	
Signature	Date			