PRAGUE KOLACHE FESTIVAL

P.O. Box 7—Prague, OK 74864 Phone: (405) 567-4866 – Fax: (405) 567-2875 – Email: praguekolachefestival@yahoo.com

Parade Application

Must be returned by April 29, 2024 to qualify for prizes

Organizati	ion:							
Contact Po	erson: _		Phone:					
Address: _								
			State:			Zip:		
	<u>Bel</u>	ow Circle (Only One)	Type of E	ntry includin	g Division:		
Float: *		mercial						
Royalty:	Queen	Jr. Queen	Princess	Prince	Contestant			
Drill Tean	n/Marchi	ing Unit:	Amateur	Profe	ssional	Marching B	and	
Specialty	Unit:	Clown Uni	t Fire	Truck	Car Club		*	
<u>Politician</u>	<u>:</u>	Federal	State	County	Local	Tribal		
<u>Equestria</u>	<u>n:</u>	Riding Club	Round	-Up Club	Horse D	rawn	_ Rider(s)	
<u>Animals:</u>	(other th	han equestriar	n, be specifi	ïc)				
Other: (doesn't fit categories listed)								
(Ve	hicles o	Units Please or Riding Unit	s please lis	st number	and type of	-	•	
Will there be people walking? Yes No If Yes, How Many Grandstand Announcer Introduction:								
/T /	hie mue					lo at Grands	etand)	
(11	ilis Ilius	t be filled in d <u>Please kee</u>			<u>ief, may be e</u>		itariu.)	
					 	 		
						 		
						 		
*Alternate	Location	of float for ju	dging in cas	se of bad w	eather			
Liabilitv	Waiver	on back of fo	orm must b	e signed l	before applic	cation can b	e accepted.	

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PARTICIPANT, PARENT, GUARDIAN WAIVER AND INDEMNITY AGREEMENT

ProgramActivity:	Prague Kolache Festival Parade	Date: May 4, 2024
Participant:		
above named progr executors, and adm damages that I may employees, represe	am. The above named entry here inistrators, waive and release an have against the above-named contatives, successors and assigns antry that arise out of the above	y and all rights and claims for organization and its agents, s for any and all injuries suffered
hold the above-nam	I have the right to authorize the fleed organization harmless of and arise out of or result from such parts	
above named entry damages arising ou and hold harmless t	it of the above-named program I with the organization and its agents, easigns against any and all loss and	he above-named organization for will personally indemnify, defend, employees, representatives,
	that I have read and agree to abi	
	nd understand this agreement an evidence of my acceptance of all	d have willingly placed my the conditions contained herein.
SIGNATURE:(Ti Authorized Representative)	itle
Date:		