

Arlington Days 2017

PARADE ENTRY FORM

SATURDAY, JULY 29

TIME: 1:30 PM

LINGUP BEGINS AT 1:00 PM

PICKUP NUMBERS IN FRONT OF MEDICAL CENTER

Circle type of participating entry: Float - Auto - Horse - Queen - 4-H Float - Other

Other: (please specify) _____

Business or organization name: _____

Description of Unit (will be read by announcer) _____

Name of contact person: _____

Address: _____

Work phone: _____ Home phone: _____

Mail form to: Arlington Days Parade 604 N Cherry Arlington, SD 57212

or drop off at drop-box outside Liz Leone Salon in Arlington

E-mail form to: bpistulka@gmail.com

Questions: Call Becky at 605-203-3087 (cell)

The City of Arlington, the members of the parade committee and any other authorized personnel representing Arlington Days shall not be held liable for any type of physical injury or accident which might be sustained by any, or all, participants in the Arlington Days Parade.

The liability release statement is signed with the full knowledge of all members of our unit participating in the Arlington Days Parade.

Organization: _____ Date: _____

Responsible Person: _____ Phone: _____

Please return this completed form by Wednesday, July 26 to the address above. Return the form early to get to the front of the parade route. Pick up your participation number at the table across from the Arlington Medical Center.