



92nd SHENANDOAH APPLE BLOSSOM FESTIVAL®

FIREFIGHTERS' AND RESCUE EQUIPMENT APPLICATION

Name of Fire and Rescue Organization: _____

Contact Person and Title: _____

Fire Company Mailing Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____ Mileage from Company to Winchester: _____

Fill in all that apply:

- Number of vehicles in unit: _____ Rescue Squad **NOT AFFILIATED** with Fire Company
- Do you wish to be judged? Yes No Fire Company **WITH NO** Rescue Squad
- Vehicle(s) in service? Yes No Combination Fire and Rescue Company
- Maximum of 3 vehicles per company – see Parade Rules, General Information #'s 3 & 4 in Firefighters' Handbook.

FIREFIGHTING EQUIPMENT: (Maximum two vehicles)

	YEAR	CHASSIS/MAKE	MODEL	PUMP	TANK
<i>Example:</i>	<i>2017</i>	<i>Smeal</i>	<i>Custom</i>	<i>1500</i>	<i>750</i>
1. Custom Pumper	_____	_____	_____	_____	_____
2. Commercial Pumper	_____	_____	_____	_____	_____
3. Aerial Device (Up to 85')	_____	_____	_____	_____	_____
4. Aerial Device (Over 85')	_____	_____	_____	_____	_____
5. Mini Pumper/Quick Attack	_____	_____	_____	_____	_____
6. Brush Truck Apparatus	_____	_____	_____	_____	_____
7. Elliptical Tanker	_____	_____	_____	_____	_____
8. Custom Tanker/Pumper (1000 gal or Greater)	_____	_____	_____	_____	_____
9. Commercial Tanker/Pumper (1000 gal Or Greater)	_____	_____	_____	_____	_____
10. Heavy Rescue	_____	_____	_____	_____	_____
11. Custom Rescue Engine	_____	_____	_____	_____	_____
12. Commercial Rescue Engine	_____	_____	_____	_____	_____

RESCUE EQUIPMENT (Maximum two vehicles)

	YEAR	CHASSIS MAKE/MODEL	BODY MAKE
<i>Example:</i>	<i>2015</i>	<i>Ford F-550</i>	<i>Horton</i>
13. Ambulance – Basic Life Support (V)	_____	_____	_____
14. Ambulance – Basic Life Support (C)	_____	_____	_____
15. Ambulance – Advanced Life Support (V)	_____	_____	_____
16. Ambulance – Advanced Life Support (C)	_____	_____	_____
17. Light Rescue (Less than 20,000 lbs)	_____	_____	_____
18. Rescue Squad Special Unit	_____	_____	_____

(V) = volunteer owned & operated
(C) = corporate or privately owned

SPECIAL GROUPS

	UNIT DESCRIPTION
19. Fire Department Special Unit	_____
20. Marching Unit (Minimum 6 people)	_____
21. Special Interest Group	_____

INSURANCE information: Provide the name and policy number of the insurance company for each vehicle. Attach a separate piece of paper indicating same if different vehicles are insured by different companies.

Insurance Company: _____

Policy No. _____

For Office Use Only
ID # _____
Media Form _____
Line Up _____
Award _____



92nd SHENANDOAH APPLE BLOSSOM

Submission is March 31st

FESTIVAL®

Fire and Rescue Equipment

MEDIA FORM

Failure to return or completely fill out this form will mean that our TV commentators and reviewing announcers will be unable to give due recognition to your group.

Name of Fire and Rescue Organization: _____

City or County: _____

Name of Chief Officer: _____

Year Company founded: _____

Number of members in company: _____

Number of years attending Shenandoah Apple Blossom Festival Firefighters' Parade: _____

Number of square miles your company covers: _____

Number of calls per year: _____

Cost of equipment in parade: _____

YEAR	CHASSIS/MAKE	MODEL	PUMP	TANK
<i>2017</i>	<i>Smeal</i>	<i>Pumper</i>	<i>1500</i>	<i>750</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List recent parades you have attended: _____

List Awards Received: _____

Note: Comments and additional information for publicity purposes, i.e., human-interest stories, etc. can be listed on another sheet of paper.

By signing below I/We agree and understand that the Shenandoah Apple Blossom Festival, Inc®. is not liable for injury to persons participating in the parades, spectators or damage to vehicles and personal property. Further, we agree to abide by all the rules, regulations, and policies of the Shenandoah Apple Blossom Festival® and agree, if we participate to comply with them as prescribed, and to indemnify and agree to hold the Shenandoah Apple Blossom Festival®, City of Winchester and County of Frederick harmless from any and all liability arising from our participation in the Festival. By signing below I/We certify that all our vehicles are covered by liability insurance in effect during our participation in the Shenandoah Apple Blossom Festival®.

By signing below I/We certify that every operator of our equipment during the Shenandoah Apple Blossom Festival® has been specifically trained in and is responsible for its safe operation.

(Signature and Title of person submitting application)

Date

MAIL TO: Shenandoah Apple Blossom Festival®
135 N. Cameron Street
Winchester, VA 22601
Festival1@sabf.org
Fax: 540/662-7274

Deadline for submission is March 31st