

**91<sup>st</sup> SHENANDOAH APPLE BLOSSOM FESTIVAL®  
FLOAT APPLICATION**

Name of Float \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Theme of Float \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Numbers: Office \_\_\_\_\_ Home \_\_\_\_\_

Email Address \_\_\_\_\_

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**ANY UNIT DEEMED ON PARADE DAY BY PARADE OFFICIALS TO BE SUBSTANTIALLY DIFFERENT FROM THE DESCRIPTION ON ITS APPLICATION OR TO DISPLAY BEHAVIOR, SIGNAGE, OR DRESS OFFENSIVE TO A GENERAL AUDIENCE MAY BE DENIED ENTRY INTO THE PARADE OR BE REMOVED FROM THE LINE OF MARCH AND BARRED FROM PARTICIPATION IN FUTURE PARADES.**

Description of Float (**Photo or sketch must accompany application**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Sponsoring Organization \_\_\_\_\_

\_\_\_\_\_

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PLEASE CHECK APPROPRIATE CATEGORY

Float – Professionally built       Civic – Service       Business       Communities Participation

Name of Float Builder \_\_\_\_\_

Float – Non Professional       Civic – Service       Business       Communities Participation

Float will contain music – Sound of any type must be approved by the parade committee and must be at a compatible sound level.  
(See Enclosed Rules)

Is the Float self-propelled (i.e. is the pulling unit a part of the float design and concealed from spectator view)?    Yes     No

Name of operator \_\_\_\_\_

Name of liability insurance co. \_\_\_\_\_ Policy No. \_\_\_\_\_

If the Float is not self-propelled, what is your proposed pulling unit? (**Please submit photo**) \_\_\_\_\_

Name of driver \_\_\_\_\_ Name of owner pulling vehicle \_\_\_\_\_

Name of pulling vehicle liability insurance co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Any pulling vehicle loaned by an automobile dealership not covered by automobile liability insurance provided by the dealership must be covered by automobile liability insurance provided by the driver or the float sponsor.**

**(OVER) - Signature required on Page 2**

(PAGE 2)

IS THE FLOAT HORSE DRAWN? YES  NO

Name of owner of horse(s) \_\_\_\_\_

Name of liability insurance co. of owner of horse(s) \_\_\_\_\_ Policy No. \_\_\_\_\_

Please give the names and ages of proposed float participants and indicate how they will be costumed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TO: Shenandoah Apple Blossom Festival  
135 North Cameron Street  
Winchester, VA 22601  
Fax: (540) 662-7274  
Deadline: April 15<sup>th</sup>  
(March 15<sup>th</sup> to be included in Souvenir Program Book)

*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 have reviewed 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 and City of Winchester harmless from any and all liability arising from our participation in the Festival.*

*By signing below I/We certify we have general liability insurance in effect during our participation in the Shenandoah Apple Blossom Festival.*

\_\_\_\_\_  
**(Signature and Title of person submitting information)**

\_\_\_\_\_  
**Date**