



**92nd SHENANDOAH APPLE BLOSSOM FESTIVAL®
SPECIAL UNIT 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 Unit _____

Name of Director _____

City _____

Number in Unit _____

List recent parades you have attended _____

Awards Received _____

“Human Interest” stories _____

Note: Comments and additional information for publicity purposes, i.e., human-interest stories, etc., can be listed on the back of this form.

Please complete this form and return to:

Shenandoah Apple Blossom Festival

135 North Cameron Street

Winchester, VA 22601

Fax: 540/ 662-7274

Email: festival1@sabf.org

Deadline: April 28, 2019

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