92nd Shenandoah Apple Blossom Festival®
Special Unit Application

Name of Unit ____________________________________________________________

Contact Person and Title __________________________________________________

Mailing Address ______________________________________________________________________

City, State, Zip ______________________________________________________________________

Phone Numbers: Office__________________________ Cell ________________________________

Email Address ________________________________________________________________

Facebook: _________________________________________________________________

Website: _________________________________________________________________________

Instagram: ________________________________________________________________

Twitter: _________________________________________________________________

FIREFIGHTERS’ PARADE - Friday, May 3, 2019

☐ Special Music Corps
☐ Precision Marching Unit
☐ Drill Team
☐ Dance Team
☐ Military Marching Unit
☐ Color Guard
☐ Walking Unit (Clowns, etc.)
☐ Unicycles/Bicycles
☐ Motorized Unit

Number in Unit

GRAND FEATURE PARADE - Saturday, May 4, 2019

☐ Special Music Corps
☐ Precision Marching Unit
☐ Drill Team
☐ Dance Team
☐ Military Marching Unit
☐ Color Guard
☐ Walking Unit (Clowns, etc.)
☐ Equestrian
☐ Unicycles/Bicycles
☐ Motorized Unit

Number in Unit
Enclose with your Application:

1. A resume of the activities, honors, etc., on your group.

2. Designate type of liability insurance coverage held by your Special Unit:
   - [ ] General Liability Insurance that covers all members of our group
   - [ ] Commercial Auto Insurance that covers all members of our group
   - [ ] We have no insurance covering us as a group – all of our members have individual liability insurance policies
   - [ ] Other – Describe __________________________________________________________________________

3. All Motorized units and equestrian units that have an insurance policy that covers all members as a group must provide a certificate of insurance naming the Shenandoah Apple Blossom Festival® as an additional insured.

4. ALL MOTORIZED UNITS AND EQUESTRIAN UNITS WHOSE MEMBERS HAVE INDIVIDUAL INSURANCE POLICIES MUST PROVIDE A CERTIFICATE OF INSURANCE FOR EACH SEPARATE POLICY. It is not required that each policy name the Festival as an additional insured party.

5. MOTORIZED UNITS ONLY: Must also submit a diagram of each maneuver to be performed.

6. Any unit deemed on parade day, by the 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.

MAIL TO: Shenandoah Apple Blossom Festival®
135 North Cameron Street
Winchester, Virginia 22601
Fax: (540) 662-7274
Festival1@sabf.org
Deadline: April 15, 2019
(March 15th to be included in the Souvenir Program Book)

By signing below I/We agree and understand that the Shenandoah Apple Blossom Festival® 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.

By signing below I/We certify each member of this Special Unit has been trained in and is responsible for the safe operation, use, and/or control of any motorized vehicle or animal he or she will use during the parade(s).

(Signature and Title of person submitting information) ___________________________ Date ____________