



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

- | | Number in Unit |
|--|----------------|
| <input type="checkbox"/> Special Music Corps | _____ |
| <input type="checkbox"/> Precision Marching Unit | |
| <input type="checkbox"/> Drill Team | _____ |
| <input type="checkbox"/> Dance Team | _____ |
| <input type="checkbox"/> Military Marching Unit | _____ |
| <input type="checkbox"/> Color Guard | _____ |
| <input type="checkbox"/> Walking Unit (Clowns, etc.) | _____ |
| <input type="checkbox"/> Unicycles/ Bicycles | _____ |
| <input type="checkbox"/> Motorized Unit | _____ |

GRAND FEATURE PARADE - Saturday, May 4, 2019

- | | Number in Unit |
|---|----------------|
| <input type="checkbox"/> Special Music Corps | _____ |
| <input type="checkbox"/> Precision Marching Unit | |
| <input type="checkbox"/> Drill Team | _____ |
| <input type="checkbox"/> Dance Team | _____ |
| <input type="checkbox"/> Military Marching Unit | _____ |
| <input type="checkbox"/> Color Guard | _____ |
| <input type="checkbox"/> Walking Unit (Clowns, etc) | _____ |
| <input type="checkbox"/> Equestrian | _____ |
| <input type="checkbox"/> Unicycles/Bicycles | _____ |
| <input type="checkbox"/> Motorized 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 member 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