



92nd 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 _____

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 _____

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

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 15th
(March 15th 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