



**92nd SHENANDOAH APPLE BLOSSOM FESTIVAL®
FLOAT 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.

Sponsoring Organization _____

Sponsors background information and organizational purpose _____

Man hours in design and construction _____

Float's Theme _____

Description of float _____

Names of float participants and how they will be costumed _____

Other noteworthy information _____

Please complete this form and return to:

Shenandoah Apple Blossom Festival
135 North Cameron Street
Winchester, VA 22601
Fax: 540/662-7274
Deadline: April 27, 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