



Celebrate Bandera Parade

September 4, 2010

PARADE APPLICATION

Line-up Begins at 9:30 AM; Parade Begins at 11:00 AM

Organization: _____ Phone: _____

Contact: _____ Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

Type of Entry

- | | |
|--|---|
| <input type="checkbox"/> Bandera County Founding Family | <input type="checkbox"/> Western Mounted/Horse Drawn Commercial |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Business |
| <input type="checkbox"/> Bandera County Community | <input type="checkbox"/> Festival/Event Float |
| <input type="checkbox"/> Car/Motorcycle – Club or Individual | <input type="checkbox"/> Miscellaneous |

To insure adequate line-up space, please provide brief description of size of entry (for example: truck w/20' flat bed or 20 mounted riders): _____

Will your entry be playing music? _____ Yes _____ No

Note: A Negative Coggins Certificate is required for any horse participating in any Celebrate Bandera Event. If horses are a part of your entry, please return the form stating that I/we certify that the horse's Coggins test is current. I/we recognize that Celebrate Bandera County and/or its representatives not responsible for proof of negative Coggins test.

Please provide a brief description of your entry for the announcers: Names of people riding on the entry; purpose of the organization represented, etc. These are needed no later than 8/21/10.

Please attach any additional information or write it on the back of this page.

I/We the undersigned agree to participate in the Celebrate Bandera Parade on September 4, 2010, and to abide by the rules established by the Parade Committee. Further, I/we recognize that Celebrate Bandera and its representatives are not responsible for the safety of entries; nor is Celebrate Bandera responsible for any damage or injury caused by participating in the parade; and the participants release in advance the Bandera Community Foundation and Celebrate Bandera from any claim or injury.

Name: _____ Title: _____

Signature: _____ Date: _____

Return Application to: Patricia Moore, Chairman, Bandera Visitors Center - Celebrate Bandera Parade, P.O. Box 171, Bandera, TX 78003 Fax: 830/796-4121 www.CelebrateBandera.com