



# Celebrate Bandera Parade

September 3, 2011

## 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 |
| <input type="checkbox"/> Youth Group                         | <input type="checkbox"/> Commercial 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 August 21. I/We the undersigned agree to participate in the Celebrate Bandera Parade on September 5, 2009, 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](http://www.CelebrateBandera.com)