

OID CARRIAGE DAYS
OID, MICHIGAN 48866

**25TH ANNUAL OVID CARRIAGE DAYS
PARADE ENTRY FORM
SATURDAY, SEPTEMBER 9, 2017 11:00 AM**

NAME OF ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

If you are not the contact person for your group or organization, please forward the form to the correct person.

TYPE OF ENTRY (If you fall under more than one category, please check both.)
(Queen/Float Business/Auto Politician/Auto)

- | | | |
|--------------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> AUTO (A) | <input type="checkbox"/> BUSINESS (B) | <input type="checkbox"/> CLOWN (C) |
| <input type="checkbox"/> QUEEN/ROYALTY (Q) | <input type="checkbox"/> CHURCH (CH) | <input type="checkbox"/> FLOAT (F) |
| <input type="checkbox"/> POLITICIAN (P) | <input type="checkbox"/> POLICE (PE) | <input type="checkbox"/> MUSIC (M) |
| <input type="checkbox"/> TRACTOR (T) | <input type="checkbox"/> WALKING (W) | <input type="checkbox"/> OTHER (O) |

Space needed for staging (line-up) _____ feet

DESCRIBE YOUR UNIT – THIS IS FOR THE ANNOUNCER!

Please sign and return this parade entry form and signed waiver of liability form before August 25st, 2017.

The applicant, by signing below, recognizes that participation in the parade involves some risk and takes responsibility for all action or injury that may result by participation.

Signature is required in order to participate.

Sign and Submit Form Below
Contact: Jodi Medina
Cell: 989-307-3981
e-mail: jodimedina@live.com