

OID CARRIAGE DAYS  
OID, MICHIGAN 48866

**25<sup>TH</sup> 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 25<sup>st</sup>, 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

\* When submitting an entry form, you must first download the document to your local machine and then reopen it from that location for the form and "Submit" button to work properly.