

**The 2016 Health First Palm Bay Hospital Holiday Light Parade - Presented by the City of Palm Bay**



**Saturday, December 3 at 6:30 PM**



**PARTICIPANT REGISTRATION FORM**

Register in person or by mail at the Anthony J. Rosa Community Center, 1502 Port Malabar Blvd NE, Palm Bay, FL 32905. All registrations must be accompanied by payment.

Business/Organization Type	Early Registration (BEFORE November 12, 2016)	Late Registration (November 12 thru November 18, 2016)
Commercial Organizations	\$25.00	\$50.00
Non-Profit / Not-for-Profit Organizations <small>501(c) or other non-profit proof required with registration</small>	FREE	\$25.00

**DEADLINE: Registrations WILL NOT be accepted after Friday, November 18, 2016.**

Organization or Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (required) \_\_\_\_\_ (You will receive an email confirmation by Tuesday, Nov. 22. If you have not received a confirmation by that time, please call (321) 952-3443 to make sure we have received your form)

Would you like to be notified of future events by email? YES NO

**Please check appropriate category below for your organization and answer all questions.**

**PLEASE NOTE: ALL vehicles and towing units must be insured and operated by a licensed driver. Please provide copies along with your registration form. BE ADVISED THAT THERE MAY BE TREE LIMBS HANGING OVER THE STAGING AREA AND/OR ROADWAY. THE HEIGHT OF YOUR FLOAT MAY PUT YOU IN HARM'S WAY.**

TOTAL Length of your unit/entry/float (including your towing vehicle, if applicable): \_\_\_\_\_ Feet

Approximate number of total participants in your unit: Walking \_\_\_\_\_ On Float \_\_\_\_\_

Additional information (i.e., music on float, etc.) \_\_\_\_\_

**FLOAT**

Detailed description/name of entry: \_\_\_\_\_

Will your float be self-propelled? YES NO If NO, what will be towing your float? \_\_\_\_\_

**BAND** (no float - if you have a float, please select the FLOAT category)

Name of Band \_\_\_\_\_

Motorized Support Vehicle? YES NO If YES, description of vehicle (truck, car, golf cart, etc.) \_\_\_\_\_

**WALKING GROUP** (no float - if you have a float, please select the FLOAT category)

Group Name \_\_\_\_\_

Motorized Support Vehicle? YES NO If YES, description of vehicle (truck, car, golf cart, etc.) \_\_\_\_\_

**EQUESTRIAN/ANIMAL GROUP** (no float - if you have a float, please select the FLOAT category)

Group Name \_\_\_\_\_

Type of Animal \_\_\_\_\_ How Many \_\_\_\_\_

*Note: A pooper scooper must follow all animals along the parade route. Animals must be controlled by handler at all times. Animals may not be harmed or mistreated.*

**MOTORIZED VEHICLE(S)** (Classic cars, motorcycles, scooters, golf carts, etc.)

Group Name \_\_\_\_\_

Type of Vehicle(s) \_\_\_\_\_ How Many \_\_\_\_\_

**IMPORTANT: It is mandatory that a representative from your group attend one of the pre-parade meetings. Those who do not attend the meeting will not be permitted to participate in the parade.**

**Staging is held at the Eastern Florida State College Palm Bay Campus beginning at 3:30 PM. All units must be in place by 5:30 PM.  
Please read the rules and regulations prior to signing below.**

I, undersigned, have read, understood, and agreed to the guidelines and rules outlined in the "Holiday Parade Rules and Guidelines". With agreeing to these guidelines, the applicants agree to be totally responsible for the safety of all of their parties and description association with or involved in said event and agree that it will indemnify and hold harmless the City of Palm Bay, Palm Bay Parks & Recreation, employees or event organizers, Eastern Florida State College, and any sponsors or contributors from any and all claims, demands, or suits, including attorney's fees and cost for the defense of any such claim whether suit by actually brought or not, arising from, or out of, the above described event conducted by the applicant.

Print Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Authorized Organization Representative Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: The City of Palm Bay**

**CREDIT CARD HOLDER INFORMATION**

Credit Card type: Visa      MasterCard

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/yy)

Exact name as it appears on the card \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Primary phone number \_\_\_\_\_ Secondary phone number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_



**For more information, please visit our website at [www.PlayPalmBay.org](http://www.PlayPalmBay.org)**

QUESTIONS? - Email [HolidayParade@PalmBayFlorida.org](mailto:HolidayParade@PalmBayFlorida.org) or call the Anthony J. Rosa Community Center at (321) 952.3443

For office use only:

Date received \_\_\_\_\_ Unit # \_\_\_\_\_ Amount paid \_\_\_\_\_ Receipt # \_\_\_\_\_