



Annual Easley Christmas Parade of Lights

Saturday, December 12, 2020 @ 6:00 PM

(Inclement Weather Date: Saturday, December 19)

Application Fee (paid @ application): \$25.00 per entry

***Required fields**

*Name of Group/Organization _____

*Contact Person _____

*Mailing Address (street, city & zip) _____

*Phone _____ *Email _____

*Cell # (to be used on parade day, if needed) _____

Approx. # of participants in entry _____ Will you need to stop to perform? _____

Type of Parade Entry (check one):

Float Motorcycle/ATV Antique/Classic Car Individual Riding In Vehicle

Marching Band Walking Group Dance/Sports Group Horse/Animal Group

Other (please describe) _____

Floats: Please indicate approximate size of float, including the towing vehicle.

Length _____ Height _____ Width _____ (Max 12')

Please describe your entry (use back of form if more space is needed) _____

If applicable, list music, song titles and music source (PA system, radio, live music, etc) _____

The undersigned person, corporation, or other entity understands that this application is not an invitation to participate in the Annual Easley Christmas Parade of Lights. In consideration of the parade committee allowing the undersigned to participate in the Easley Christmas Parade of Lights, the undersigned agrees to save, defend, and hold harmless the Greater Easley Chamber of Commerce, the parade sponsors, and their agents and employees, and volunteers from any and all claims of damages for injury (including death) and property damage arising out of involvement with the parade. All participants operating motorized vehicles must secure proper liability insurance and vehicle insurance for their entry and participating individuals. All drivers must have valid driver's license.

The undersigned acknowledges and understands their requirement to provide proper insurance coverage, as well as agrees to have received, read, understood, and will fully comply with all Easley Christmas Parade of Lights rules and regulations.

Signature: _____ Date: _____

Printed Name of Signer: _____

Make checks payable to Greater Easley Chamber of Commerce.

Mail completed application & application fee to:

Greater Easley Chamber of Commerce

PO Box 241

Easley, SC 29641

Phone: 864-859-2693 Email: ecc@easleychamber.org

www.easleychamber.org