

Tailem Bend CHRISTMAS PARADE

Tailem Bend Christmas Parade / Progress Association
Saturday 15th December

PARADE ENTRY FORM 2018

NAME OF GROUP /CLUB OR INDIVIDUAL PERSON: _____

Contact Person: _____ Phone/ Mobile: _____

Postal address: _____

Email: _____

NAME OF FLOAT/GROUP: _____

YOUR THEME: _____

PLEASE STIPULATE BROADCAST DETAILS FOR THE COMMENTAITORS:

(e.g.: if you are a business or have been sponsored by a business etc.)

ENTRY CATEGORIES

PLEASE INDICATE ONE OF THE FOLLOWING CATEGORIES TO DESCRIBE YOUR ENTRY:

WALKERS (PLEASE INDICATE HOW MANY WALKERS)

FLOATS:

HORSE

CAR

TRACTOR

MOTOR BIKE

REGISTRATION: _____ MESUREMENT OF FLOAT: _____

DO YOU HAVE LOUD MUSIC

ARE YOU A BUSINESS

BUSINESS NAME: _____

COMMUNITY GROUP: _____

THIS INFORMATION WILL BE USED FOR HOW/WHERE WE PUT YOU IN THE
PARADE LINE AND THE JUDGES.



Trophy's will be awarded for the best floats

TB Christmas Parade Committee
Maxine: 0439 387 750 (Co-Ordinator)
PO Box 278, Tailem Bend SA 5260

Sandra: 0411 649 418 (Secretary)

 tailembendchristmasparade

<http://www.tailembendprogress.com.au/>

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Entry fees and policies relating to public safety

- A)** No alcohol to be consumed on floats while in the Parade
- B)** \$25 Entry fee applies to business, commercial “floats” only, it is free for non-profit organizations/clubs and individuals.
- C)** Participants must comply with all instructions given to during the event by Parade Marshals; the course is one way only please follow directions. A map will be provided for you prior to the day.
- D)** In the interest of safety, objects (lollies, flowers etc.) are not to be thrown by participants; however, you may issue such items outside your float by hand.

NOTE: Please be at the starting position by 5.30 pm latest

Please report to a marshal upon arrival to obtain your confirmation ticket, Float number and starting position for a 6.00 pm start.

Please co-operate and respect all volunteer Parade Marshal’s.

I/We agree to comply with all policies relating to public safety as directed, and to comply with all instructions given to me/us during the event by Pageant Marshals

FULL NAME:

SIGN:

DATE:



PLEASE EMAIL OR FORWARD BACK TO

e: tbchristmasparade@gmail.com

POSTAL DETAILS:

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PO BOX 278, TAILEM BEND SA 5260**

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