

The 2014 Health First Palm Bay Hospital Holiday Light Parade - *Presented by the City of Palm Bay*  
 December 6<sup>th</sup> at 6:30pm

## PARTICIPANT REGISTRATION FORM

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

| <u>Business/Organization Type</u> | <u>Early Registration (November 14, 2014 and Prior)</u> | <u>Late Registration (November 15 – November 19, 2014)</u> |
|-----------------------------------|---|--|
| Commercial Organizations          | \$25.00   | \$50.00  |
| Non-Profit Organizations          | \$0.00  | \$25.00  |

**No registrations will be accepted after Wednesday November 19, 2014.**

Organization Name \_\_\_\_\_

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

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

**Email (required)** \_\_\_\_\_ *(You will receive an email confirmation by November 21, 2014. If you have not received a confirmation within that time, please call (321) 952-3443 to check on the status as your registration may not have been received.)*

Would you like to be notified of future events by email? YES or NO  
**Please check appropriate category for your organization and answer all questions.**  
*Note: ALL vehicles and towing units must be insured and operated by a licensed driver. Please provide copies with your registration.*

TOTAL length of your unit/entry (*including your towing vehicle, if applicable*): \_\_\_\_\_ FEET  
 Approximate number of total participants in your unit: Walking \_\_\_\_\_ On Float? \_\_\_\_\_

**ADDITIONAL INFO (i.e. music on float):** \_\_\_\_\_

**FLOAT**  
 Detailed description / name of entry: \_\_\_\_\_  
 Will your float be self-propelled? YES or NO  
 If NO, what will be towing your float? \_\_\_\_\_

**BAND** (*No float – if you have a float please select “FLOAT” category.*)  
 Formal name of band \_\_\_\_\_  
 Motorized support vehicle? YES or NO  
 If YES, description of support vehicle (*truck, car, motorcycle, golf cart, etc.*): \_\_\_\_\_

**WALKING GROUP** (*No float – if you have a float please select “FLOAT” category.*)  
 Name of group/entry \_\_\_\_\_  
 Motorized support vehicle? YES or NO  
 If YES, description of support vehicle (*truck, car, motorcycle, golf cart, etc.*): \_\_\_\_\_

**EQUESTRIAN / ANIMAL GROUP** (*No float – if you have a float please select “FLOAT” category.*)  
 Name of group/entry: \_\_\_\_\_

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.)

Name of group/entry: \_\_\_\_\_

Type of vehicle(s): \_\_\_\_\_ How many? \_\_\_\_\_

**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 Eastern Florida State College Palm Bay Campus beginning at 3:30pm. All units must be in place by 5:30pm. Please read the rules and regulations prior to signing below. Your signature is required for participation in the parade.**

I, undersigned, have read, understood and agreed to the guidelines and rules outlined in the Parade Rules and Guidelines. With agreeing to these rules and guidelines, the applicants agree to be totally responsible for the safety of all 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, any sponsors or contributors from any and all claims, demands or suit, 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.

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

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

**CREDIT CARD HOLDER INFORMATION**

Please circle credit card type: Visa    MasterCard

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy)

Exact name as it appears on the credit card: \_\_\_\_\_

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.playpalmabay.org](http://www.playpalmabay.org)  
For questions, call the Palm Bay Community Center at (321) 952- 3443.

For office use only:

Date received: \_\_\_\_\_ Unit #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_