



**“Believe”**

**Holiday Parade Entry Form**

**Saturday, December 4, 2021 ~ 4:30pm**

**Historic Sheboygan Falls**

**\*Prizes Awarded**

**\*All Entries Must Be Decorated**

**\*Music with Entry Highly Recommended**

Name of Organization/Group \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Cancellation Emergency Phone Number \_\_\_\_\_

**Brief Description of Float or Parade Entry:** No Entry May Have Mr. or Mrs. Santa Claus As They Will Be In The Parade. We Do Not Want To Confuse The Children.

Check Those That Apply:

- \_\_\_\_\_ Adult Group                      \_\_\_\_\_ Youth Group                      \_\_\_\_\_ Mixed Ages
- \_\_\_\_\_ Lights on Float                      \_\_\_\_\_ People Walking                      \_\_\_\_\_ Motorized Vehicle
- \_\_\_\_\_ Music (if Yes, Please Continue)
- \_\_\_\_\_ Vocal                      \_\_\_\_\_ Instrumental                      \_\_\_\_\_ Recorded

***I understand that for the safety of children and others watching the parade we are NOT ALLOWED to throw candy or other items from our parade entry. Walking to the sidelines and handing out candy or other items IS ALLOWED.***

Signature \_\_\_\_\_

**(If Parade Must Be Cancelled It Will Not Be Rescheduled)**

***Line-Up at 3:30pm in the Bemis Manufacturing Parking Lot at 300 Mill Street***

Return This Form by **Fri., Nov. 12, 2021** to:  
Shirl Breunig  
Sheboygan Falls Chamber-Main Street  
504 Broadway, Sheboygan Falls, WI 53085  
Phone: 920-467-6206  
Email: [chambermst@sheboyganfalls.org](mailto:chambermst@sheboyganfalls.org)

***A Parade Waiver Form Must Be Signed by Each Organization/Group. The Waiver Form is Printed on the Back Side of Entry Form and Must Be Signed and Returned Before Your Entry Will Be Accepted in the Parade.***

**WAIVER FORM PRINTED ON BACK**

Name of Organization/Group \_\_\_\_\_

I, the undersigned, hereby release Sheboygan Falls Chamber-Main Street, Inc., and all participating festival and event sponsors together with all officers, members, agents, employees and any other organizations, entities and individuals who are serving Main Street Memories, including all volunteers assisting with all events from any liability or claims for injury, illness or property damage sustained by my participation or that of myself or any other person from my group.

I also acknowledge that this release is being relied upon by Main Street Memories and Sheboygan Falls Chamber-Main Street, Inc. as permission to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature of Organization's Representative

Phone \_\_\_\_\_

Date \_\_\_\_\_