

2019 THEME: Winter Candyland



The St. Cloud Downtown Council
& Alliance Foundation

2019 ENTRY & RELEASE FORM
The 19th Annual Winter Nights and Lights Parade
SATURDAY, DEC 14, 2019 @ 5:00 PM

As a participant or as the parent/legal guardian herein named, I do hereby agree to hold harmless the Winter Nights and Lights Parade Committee, each and all, Parade Sponsors, the St. Cloud Downtown Council & Alliance Foundation, and it's Subsidiary's, the City of St. Cloud and the operators of the individual entries/units in the parade for any and all damages that may occur as a result of participating in the 2019 Parade.

I agree that it is my responsibility as a participant or as a parent/legal guardian of a participant to assume all liability and expenses that could arise from any potential injury and/or damage in the above parade.

I understand that if my unit/entry/float does not meet the standards, rules and regulations, the St. Cloud Downtown Council & Alliance Foundation representative will remove and deny participation of the unit/entry/float and I will forfeit the entry fee.

I further acknowledge that I have received, fully read and understand the rules and regulations of the 2019 Winter Nights and Lights Parade.

By signing this Entry and Release Form, I fully agree to comply with the rules and regulations as presented. This Entry and Release Form represents the entire unit and each individual participant. It is assumed that a "group" Entry and Release Form is submitted with the knowledge of each individual member of the unit. **PARADE FOLLOW UP: Once your entry has been received, we will follow up with you to be sure you know where to line up and be sure we address any questions you may have.**

**Entry DEADLINE
Nov 1st, 2019**

CONTACT INFORMATION

Organization/Business Name: _____
Contact Name: _____ Cell: _____
Email: _____ Other Phone: _____

UNIT INFORMATION

Float Equestrian Marching Other _____
Entire Unit Description: _____

NON-REFUNDABLE PARADE ENTRY FEES: (entry fee must accompany entry form)

\$80 | (Bands are FREE) \$ _____

DONATION

Any donation, large or small, makes a difference! All proceeds benefit downtown. \$ _____

PAYMENT TYPE

Credit Card Payment Enclosed (Payable to Downtown Alliance Foundation)
VISA | Mastercard | Discover CC# _____
Exp Date _____ Name on card _____

SPONSORSHIP

Our company is interested in sponsoring the Festival. Questions? jolene@stclowddowntown.com

I have the authority to sign on behalf of my business/organization and I have read all the attached rules/regulations and agree to them as stated.

Signature: _____ Date: _____



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