

HAVRE FESTIVAL DAYS PARADE

Saturday, September 22, 2018

PLEASE RETURN TO:

Havre Area Chamber of Commerce

130 5th Avenue

P.O. Box 308

Fax 265-7748

Havre, MT 59501



NAME: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

PHONE: _____

ENTRY: (FLOAT, MARCHING UNIT, VEHICLE, ETC.) _____

COMMENTS _____

Waiver: Every entry form must have a signature of contact person for that particular parade entry. The person signing for that parade entry understands and abides by the information in the form. I understand that my signature releases sponsors and all those associated with the Havre Festival Days Parade from any liability for injuries that may occur to those associated with said parade entry.

Also, I hereby grant full permission for the event committee to record my participation in part or its entirety in this event for photos, TV, radio or other media known or unknown, and use them for promotion, advertising, without any reimbursement of any kind.

Signature: _____