



City of Sunrise Independence Day Parade

“Marching Through History”

Friday, July 4, 2014

10:00 a.m.

IT STARTS IN
PARKS
Coaching. Connecting. Community.

Units Assemble:

Side Streets off of
Sunset Strip
Between NW 14 Street
and NW 12 Street

Check-In:

Corner of NW 14 Street
and Sunset Strip
Beginning at 8:30am



Parade Route:

Beginning at NW 12 Street
and Sunset Strip, it will
travel north and west on
Sunset Strip to City Park.

Entry:

Entry is Free.
Complete the application on
the opposite side of the flyer
and return by June 20, 2014.

For additional information please contact Julie: (954)747-4600

Marching Through History

Friday, July 4, 2014

UNIT ENTRY NAME: _____

DECADE YOU ARE REPRESENTING: Pre 1960s _____ 1960s _____ 1970s _____ 1980s _____ 1990s - Present _____

PLEASE CHECK ALL THAT APPLY:

FLOAT _____ # OF FLOATS _____

MARCHING UNIT _____ # OF MARCHERS _____

VEHICLES _____ # OF VEHICLES _____



JUDGES' STAND ANNOUNCEMENT ABOUT YOUR ENTRY: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____ CITY/ZIP: _____

EMAIL: _____

Please check this box if you would like your parade confirmation emailed to you.

HOME PHONE: _____ CELL PHONE: _____

ENTRY DEADLINE: FRIDAY, JUNE 20, 2014

PLEASE RETURN TO:

CITY OF SUNRISE
LEISURE SERVICES DEPARTMENT
10610 W. OAKLAND PARK BOULEVARD
SUNRISE, FL 33351
ATTN: PARADE ENTRY/JULIE FLAIG
Fax to: (954)572-2476 or Email: jflaig@sunrisefl.gov



**ALL PARTICIPANTS WILL RECEIVE A CONFIRMATION VIA E-MAIL
OR MAIL WITH PARADE STAGING NUMBER BY JUNE 27, 2014.**

I hereby release and agree to indemnify and hold harmless the City of Sunrise, its departments, employees, officials, volunteers and agents, against all claims arising from or resulting from participation in this activity, with my knowledge that by participating in this activity I/my child/my ward assume(s) risk of injury. I hereby permit the City of Sunrise to use/distribute any or all still and/or moving images in which I/my child/my ward appear for any use including, but not limited to: video, Web, print and multimedia applications; training or other instructional materials; advertising, commercials or other promotional materials; and other forms of media, without compensation. Any image(s) so created shall be the property of the City of Sunrise.

I also hereby give permission for me/my child/my ward to receive necessary medical treatment. I hereby certify that I am an adult, over the age of eighteen (18), and that I have read and understood this Release and that I freely and voluntarily give my consent as described above.

SIGNATURE OF PARTICIPANT/PARENT/LEGAL GUARDIAN: _____

For additional information please contact Julie: (954)747-4600