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CITY OF SUNRISE INDEPENDENCE DAY PARADE

"HOORAY FOR HOLLYWOOD"
MOVIE THEMED FLOATS

MONDAY, JULY 4TH, 2016
9:00 A.M.



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 7:30 a.m.

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 17, 2016.

HOORAY FOR HOLLYWOOD

MOVIE THEMED FLOATS

**MONDAY, JULY 4TH
9:00 A.M.**



UNIT ENTRY NAME: _____

PLEASE CHECK ALL THAT APPLY:

FLOAT	<input type="checkbox"/>	# OF FLOATS	_____
MARCHING UNIT	<input type="checkbox"/>	# OF MARCHERS	_____
VEHICLES	<input type="checkbox"/>	# OF VEHICLES	_____

JUDGES STAND ANNOUNCEMENT ABOUT YOUR ENTRY:

CONTACT PERSON: _____

MAILING ADDRESS: _____ CITY/ZIP: _____

EMAIL: _____

PHONE: _____

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

ENTRY DEADLINE: FRIDAY, JUNE 17, 2016

PLEASE RETURN TO: CITY OF SUNRISE
 LEISURE SERVICES DEPARTMENT
 10610 W. OAKLAND PARK BOULEVARD
 SUNRISE, FL 33351
 ATTN: PARADE ENTRY/JENNIFER GUERRANT
 Fax to: (954)572 2476 or Email: jguerrant@sunrisefl.gov

ALL PARTICIPANTS WILL RECEIVE A CONFIRMATION VIA EMAIL OR MAIL WITH PARADE STAGING NUMBER BY JUNE 24, 2016

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: _____