



MUNICIPAL PARADE CONSIDERATONS

Name of Applicant:	
Mailing Address:	City/Province: Postal Code:
Contact Name:	Office Phone: Cell: Facsimile:
Has the applicant previous experience organizing a parade: Yes / No If yes, describe:	
Estimated no. of spectators along route:	
Date of Parade: dd / mm / vvvv	Start Time of Parade: am / nm
Length of parade in blocks: _____	Length of parade in time: _____
Total Number of Parade Units: Indicate Number of Each Type of Unit in Parade:	
Marching Bands:	Equestrian Units; No. of Horses:
Vehicles carrying passengers:	Horse-drawn units:
Decorated floats with passengers:	No. of Clowns:
No. of vendors along route:	
Will units be prohibited from tossing items (candy, brochures, etc.) to spectators? Yes / No _____	
What is the minimum age for parade participants? _____	
Will parade participants receive parade rules/ instructions prior to date of the parade: Yes / No If yes, describe:	
Is there a maximum height restriction for parade units? Is yes, please indicate: _____	
How many volunteers will work on the day of the parade? _____	
Will there be a volunteer appreciation event after the parade? Yes / No If yes, do you want insurance coverage for that event? Yes / No If yes, please provide date: _____ and _____ Describe appreciation activities:	
Describe activities planned for the post-parade disbanding area: (e.g. food, entertainment, etc.)	