

PARADE APPLICATION FOR DELAWARE CITY DAY

Contact Information

Please print clearly and provide a phone number that can be reached on the day of the event.

Name of Organization/Participant: _____

Day of Event Cell Phone Number: _____

Email: _____

Other Phone Number (if applicable): _____

Mailing Address: _____

Parade Unit Information

1. Circle one: walking unit, marching unit, performing unit, animal unit, floating unit, motorized unit, fire department.
2. Combination of vehicles and walkers? Yes / No
3. Approximate number of vehicles/bikes/tractors/floats/golf carts/horses/similar: _____
4. Approximate number of participants: _____
5. Description: Provide a brief description of your group, including wording on any banners and signs. Give the committee an idea of who you are and what you do. Also, add any special requests that may be needed (example: horses cannot be near fire trucks).

This application, the hold harmless waiver, and proof of driver insurance (if applicable) must be received at least two weeks prior to the day of the event.

For 2024 it must be received by: Friday, 9/20/2024

Print and Mail to: D.C. Day Parade Coordinator P.O. Box 4159, Delaware City, DE 19706

Or scan and send to: parade@delawarecityday.com No phone pictures please.

*I have read and understand the parade requirements and if any changes to this application need to be made, I will contact the Delaware City Day Parade Committee.

Sign: _____ Date: _____