

The 47th Arcola Broom Corn Festival

Saturday, September 9, 2017 at 3:00pm

Parade Entry Form

Complete and return by August 1st, 2017



Category (Please check one)

Horse & Pony Drawn/Horse Rider

Unique/other

Antique Car, Truck, or Tractor

Political Entry

Decorated Truck/Car

School Band

Children Units

Advertisement Vehicle

Registration Information

Name/Organization: _____

Contact Name: _____

Contact Address: _____ City: _____ Zip: _____

Phone Numbers - Day () _____ Evening () _____

Number of Participants: _____

Number of 20' Spaces Needed for Parade Line Up: _____ (Including trailer, wagons, etc.)

Description of Entry

(Please describe Uniforms, Costumes, Special History, etc.)

****This information will be announced to describe your unit during the parade****

Waiver and Release

The 47th Arcola Broom Corn Festival 2017 Saturday, September 9th, at 3:00pm

In consideration of acceptance of participation in THE 47th ARCOLA BROOM CORN FESTIVAL 2017, being of legal age, the undersigned hereby waives and releases the ARCOLA CHAMBER OF COMMERCE, Sponsor and any official or government body of the CITY OF ARCOLA, ILLINOIS; their representatives, agents, successors and assigns of any and all right and claim for loss, damages or injuries and from any liability arising from harm, physical injury or mental anguish incurred, suffered, sustained or experienced by myself and all entry participants and the above named participant due to any occurrences during THE 47th ARCOLA BROOM CORN FESTIVAL 2017 or in traveling to or from all events of said Festival.

In addition, I hereby grant full permission to ARCOLA CHAMBER OF COMMERCE to use any photograph, motion picture, recording or any other record of said event for any purpose whatsoever.

I have carefully read the foregoing Waiver and Release, know the contents thereof, and voluntarily sign the name as my own free act intending to be legally bound hereby on behalf of the above named participant, myself, my heirs, executors and administrators. Please date, sign and return to:

Arcola Chamber of Commerce

PO Box 274

Arcola, Illinois 61910

217-268-4530, staff@arcolachamber.com

Dated _____ of _____ 2017
Day Month

Signature (Parent or Legal Guardian if participant is under Age 18)