

WASHINGTON STATE AUTUMN LEAF FESTIVAL GRAND PARADE FLOAT
APPLICATION
SEPTEMBER 26, 2009 – 12:00 P.M.

Please Print or Type. **Complete information is needed no later than July 30,2009.**

Entry Name_____

Address_____

City_____State_____Zip_____

Phone_____Contact Name_____

Please select your judging category:

_____Communities Under 5,000 _____Communities Over 25,001 _____Outside USA
_____Communities 5,001-25,000 _____Festival _____Other

Royalty, etc riding float:_____

Float Dimensions: Length_____ Width_____ Height_____

Please give a complete description of your entry and any other information i.e. awards, special interest, royalty etc. We will use this information for publicity._____

Please return the following with parade application:

1. Evidence of insurance.
2. Signed Indemnity Agreement.
3. Signed Rules and Regulations.

PLEASE RETURN FORMS TO: Washington State Autumn Leaf Festival, PO Box 116,
Leavenworth, WA 98826