



# ENTRY APPLICATION

## MERCED COUNTY VETERANS DAY PARADE

Thursday, November 11, 2021



*In honor of our servicemen and women, the entry fee will be waived again this year. All official entries will receive a commemorative plaque.*

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Entry Class** (Please check one) **and** **Entry Type** (Please check all that apply, and estimate number of participants/vehicles)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Veterans/Military Organization | <input type="checkbox"/> Color/Honor Guard: # _____                                     | <input type="checkbox"/> Mounted Group: # _____ | <input type="checkbox"/> Float: # _____ |
| <input type="checkbox"/> Business or Government         | <input type="checkbox"/> Marching Band/Drill Team/Dancers: # _____                      | <input type="checkbox"/> Walkers: # _____       |   |
| <input type="checkbox"/> Club, Organization, or School  | <input type="checkbox"/> Vehicles (car, truck, bus, tractor, motorcycle, quad): # _____ |   |   |
| <input type="checkbox"/> Individual or Family           | <input type="checkbox"/> Other: _____   |   | # _____                                 |

Brief description of entry: (Include size/type of vehicle) \_\_\_\_\_

**ANNOUNCER INFORMATION** (Please print clearly; statements may be edited. Entries without this information will receive name-only recognition.)

The undersigned further represents that he/she is authorized to execute this application and indemnity on behalf of the business or organization listed.

The business or organization shall save and hold the City of Merced, United Way of Merced County, and other sponsoring organizations, its employees, directors, officers, and agents harmless from any and all claims or causes of action for injury or death to persons or damage to property resulting from intentional or negligent acts, errors, or omissions of its employees during the use of the permit.

The business or organization shall be responsible for the payment of all legally required taxes, Worker's Compensation Insurance, and Unemployment Insurance.

The business or organization certifies it does not discriminate and shall not discriminate against any person or group of persons, on account of race, religion, sex, marital status, disability, ancestry, or national origin.

Signature ►►

Printed Name ►►

Date

**Note: Parent/Guardian consent required for participant under 18 years old.**

**Event Hosts: Merced County Human Services Agency, Veterans Services, and United Way of Merced County.**

**Please return application by October 11, 2021**

To: United Way of Merced County  
531 West Main Street  
Merced, CA 95340  
Contact: Marty Christman (Telephone: 209-383-4242)

