



Dexter Rotary Memorial Day Parade 2025



POB 37
Dexter, 48130
Drmd2014@mindspring.com

Date :

Name of Organization: _____

Address of Organization: _____

Contact Name: _____

Contact Telephone Number: _____

Contact Cell Phone: _____

Contact e-mail: _____

Type of Participant:

Veteran's Groups ___ DCS Group or Club ___ Scout Group ___ Community Youth Activity ___

Church ___ Civic Group ___ Commercial Business ___ Musical Group ___ Vintage vehicle ___

Other (please describe) _____

How many participants in your group? ___

Do you wish to participate in the ceremony? ___

Will you have motorized vehicles?

Type _____ How many? ___

Will you be handing out candy or any other items?

(Candy can be handed out along the curb line, but not thrown)

Applicants Participation

I represent, for myself as an individual, and as a representative for, and on behalf of the organization identified on this application (Applicant), that Applicant has adequate insurance for participants and vehicles that will be in the parade. Applicant will hold the Rotary Club of Dexter and the City of Dexter harmless for any damages, or injury, to person or property that results from Applicant's participation in the Dexter Memorial Day Parade or Ceremony.

By signing this form, I/We acknowledge that we have read and agree to the Dexter Memorial Day 2025 Parade/Ceremony rules, conditions of participation and restrictions as published by the Rotary Club of Dexter.

Name, Title _____

Signature: _____

Witness: _____