



# Dexter Rotary Memorial Day Parade 2020



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 2020 Parade/Ceremony rules, conditions of participation and restrictions as published by the Rotary Club of Dexter.

Name, Title \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_