

**2010 McLean WinterFest:  
Registration for Parade Entrants**

***McLean WinterFest will be held on Sunday, December 5, 2010. It is important that you complete all sections of this registration document. The contact information you provide is what we will use for future parade communications. Please print clearly and retain a copy for your files. Fax your completed form to 703-917-1510 or it mail to: 7411 Dulany Drive, McLean, VA 22101. Parade participants will be required to provide proof of liability insurance coverage (page 3) for the event within 30 days of the parade. Volunteers on the day of the parade will be required to sign a liability waiver when they register.***

Individual or Entrant Organization \_\_\_\_\_

Desired Activity (please circle/complete requested information)

Individual Marcher

Group Marching Unit  
(approx # in group)

Group Float  
(size of float)

\_\_\_\_\_

\_\_\_\_\_

Parade Volunteer

Antique Vehicle (describe)

Vehicle: Other (describe)

\_\_\_\_\_

\_\_\_\_\_

*Entrants with a float and/or vehicle will be asked to submit a photo, drawing or detailed description prior to the parade date. Groups with marchers under the age of X will be required to have x adults for each x children marching.*

Parade entrants will be expected to register on the day of the parade by 3:00 PM when you will be assigned your place in the parade. You are invited to stay for the Greater McLean Chamber of Commerce holiday tree lighting immediately following the parade's conclusion.

**Contact Information**

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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Describe the business or organization you represent that is being entered in the parade. This description will be used for parade promotional purposes before and during the parade. Please limit your description to xx words.

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**IMPORTANT:**

**My signature on this document provides approval for the officials of McLean WinterFest to use any photographs and/or video footage taken at the 2010 holiday parade of myself and/or my organization's participants in print and/or Internet communications. On my authority, this releases the above from all liability relating to its use for this stated purpose.**

Name \_\_\_\_\_

Organization Title \_\_\_\_\_

Organization \_\_\_\_\_

Date \_\_\_\_\_

## GROUP INSURANCE STATEMENT

### *McLean WinterFest 2010*

**Parade group participants will NOT be accepted unless this form is filled out completely, signed, dated and returned with your application and a copy of your organization's insurance certificate. Please return it no later than November 5, 2010.**

Participating Organization:

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
(If a different person will be responsible for the group on the day of the parade, please include that individual's name and contact information.)

Parade Day Contact Person:

\_\_\_\_\_

Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### **Group Liability Insurance Information**

Insurance Carrier:

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Policy: \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_

The group I am registering will be covered by the above insurance policy and will be in force on the date of the event. I/We further agree to hold the McLean WinterFest Steering Committee and its participating organizations harmless for any liability I/We may incur. Our organization and its participants agree to abide by all safety rules and regulations as may be set forth for this event and to obey all directions of the safety officer(s). ***Please be sure to provide a certificate of insurance listing McLean WinterFest as an additional insured.***

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_