

# PARADE ENTRY APPLICATION ST. PATRICK'S DAY PARADE

SATURDAY, MARCH 17, 2018 at 11:00am

PRESENTED BY THE HERMOSA BEACH CHAMBER OF COMMERCE

Application and payment deadline  
**FRIDAY, MARCH 2, 2018**

For more info, call us at (310) 376-0951 or visit [HBChamber.net](http://HBChamber.net)

**\* The Chamber reserves the right to deny entry for any reason \***

## Parade Rules and Regulations

1. All Parade participants must check-in upon arrival.
2. Only Parade Unit(s) are allowed in Staging Area.
3. All units must have a Unit Number to participate in the parade. Unit numbers must be displayed on the right front of your entry to identify the unit to the announcing stage(s) and Parade Marshals.
4. NO candy or any other objects shall be thrown from any parade unit. Failure to abide by this rule will place your entry at the end of the parade line-up the morning of the parade.
5. Walking Unit(s) are limited to 25 people per Entry.
6. Children under the age of 5 must be in an automobile or float, unless they are part of a walking Unit.
7. Children walking units will not be allowed to walk outside the entry and must be accompanied by Adult(s) at all times within the entry.
8. NO Alcohol permitted anywhere along the parade route.
9. NO Person(s) or article(s) are allowed to hang over the sides of Floats or Vehicles. If a Unit is in violation of this rule the Unit will be removed from parade lineup immediately.
10. The Parade is a Forward Motion parade; units may not STOP to perform in front of the announcers stand or anywhere along the parade route, which may disrupt the flow of the parade. Parade Marshal's instructions to resume movement must be promptly followed. All units must keep pace with the unit ahead of them to ensure there are not reasonable gaps, which interrupt the forward flow of the Parade.
11. Parade Units must continue moving until you have returned to the disband area at 8<sup>th</sup> Street and Hermosa Avenue. No stopping or unloading will be allowed prior to disbanding, (Strictly Enforced) as this will cause congestion and delays in the Parade.
12. Participants shall clean up any materials or debris left in the staging area by your Unit(s). This applies particularly (but not exclusively) to units with animals.
13. Owners of Parade vehicles shall ensure that such vehicles are insured, as required by the State of California law.
14. Drivers of motor vehicles must remain with the vehicle at all times.
15. Parade applicants shall clearly identify a person or persons in charge of their Unit who may be contacted by Parade Monitors or other Parade officials regarding parade rules violations.

**Entry & Advertising Release:** In consideration of acceptance of this entry, the entrant agrees to permit the Hermosa Beach Chamber of Commerce St. Patrick's Day Community Parade to use their names and/or photographs, films or tapes of the Units for publicity, advertising and promotional purposes.

**Credentials:** **Entry confirmation will be made by email.** All registration materials and entry identification will be issued by the Hermosa Beach Chamber of Commerce.

**Liability:** In consideration of the acceptance of the right to participate in the Hermosa Beach Chamber of Commerce St. Patrick's Day Community Parade, by execution of this entry form, I, my organization and any related participants or entrants (hereinafter referred to collectively as an Entrant), hereby release and discharge the City of Hermosa Beach, the Hermosa Beach Chamber of Commerce, its' officers, directors, employees, representatives and anyone else connected with management of the Hermosa Beach St. Patrick's Day Community Parade from any and all known or unknown damages, injuries, losses, judgment and or claims from any cause whatsoever that may be suffered by any Entrant to his/her person or property. Further, each Entrant and/or each member or participant of the Entrants' organization expressly agrees to indemnify and hold harmless the City of Hermosa Beach, the Hermosa Beach Chamber of Commerce, its' directors, employees, representatives and anyone else connected with management or presentation of the St. Patrick's Day Community Parade, from any and all liability including attorney fees and cost occasioned or resulting from the actions or conduct of Entrant's guests, Entrants entry or Unit, whether it be motor powered, animal or animal drawn or otherwise, or any control of Entrant, or not under said control or direction.

**Printed name and title:** \_\_\_\_\_

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

Proof of insurance (read and sign): Each parade entrant will certify that all authorized vehicles are covered by General Liability or Personal Liability insurance as provided by the State of California law.

**I CERTIFY THAT SUCH INSURANCE WILL BE IN FULL FORCE AND EFFECT ON THE DAY OF THE PARADE.**

**Printed name and title:** \_\_\_\_\_

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

I, as a duly authorized agent and representative of Entrant, hereby acknowledge that I have read and understand the rules and regulations, which are a prerequisite of participation in the St. Patrick's Day Community Parade. I agree that Entrant and all participants and others assisting or otherwise connected with Entrant's Unit or Units will abide by said Rules and Regulations before, during and after the parade.

Organization: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP 1: CONTACT AND EVENT INFORMATION

Name of Organization \_\_\_\_\_  
 Contact Person (onsite) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone # at Parade \_\_\_\_\_

## STEP 2: FILL OUT BELOW AND SEND IN CHECK PAYMENT

<input type="checkbox"/> School Band (Youth)/Marchers <i>Estimated # of participants</i> _____	NO FEE	
<input type="checkbox"/> Non-Profit YOUTH Organization <i># of participants (25 MAX)</i> _____ 501C3 ID# _____	\$50 \$ _____	
<input type="checkbox"/> Non-Profit Organization <i># of participants (25 MAX)</i> _____ 501C3 ID# _____	\$50 \$ _____	
<input type="checkbox"/> General Entry – <b>walking</b> (per group) <i># of participants (25 MAX)</i> _____	\$100 \$ _____	
<input type="checkbox"/> with vehicle (1 vehicle MAX)		
<input type="checkbox"/> with bike (50 bikes MAX) <i>**must provide proof of insurance</i>		
<input type="checkbox"/> Commercial – less than 25 employees	\$150 \$ _____	
more than 25 employees	\$300 \$ _____	
<input type="checkbox"/> Float or U-Haul Trailer (NO buses of any type) <i>must call for approval – approx. size</i> <i>**must provide proof of insurance</i> <i>**not to exceed 10 ft. in height</i>	\$100 \$ _____	
<input type="checkbox"/> Equestrian/animals <i>**must provide proof of vaccinations</i> <i>estimated #</i> _____	\$100 \$ _____	
<input type="checkbox"/> Dignitary <i>Providing own car/driver</i> <i>Needs car/driver</i>	NO FEE \$50 \$ _____	
Name _____ Year/Make of Car _____ <i>**must provide proof of insurance</i> <i>**must provide own signage</i>		
<b>TOTAL</b> <i>Entry fees are non-refundable</i>	\$ _____	

<input type="checkbox"/> Classic Car or Convertible <b>with driver</b> Name _____ Year/Make of Car _____ <i>**must provide proof of insurance</i>	NO FEE
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## STEP 3: REMEMBER TO SEND

Returned application must include:

- Both pages of application, signed
- BRIEF DESCRIPTION OF ENTRY VIA EMAIL TO [info@hbchamber.net](mailto:info@hbchamber.net) (25 WORDS OR LESS)
- Proof of insurance, if needed

Make checks payable to:

The Hermosa Beach Chamber of Commerce

To avoid a late fee of \$25, please submit application and payment by:

**FRIDAY, MARCH 2, 2018**

To: St. Patrick's Day Community Parade  
 Hermosa Beach Chamber of Commerce  
 1007 Hermosa Avenue  
 Hermosa Beach, CA 90254

Phone #: (310) 376-0951 Fax #: (310) 798-2594

Email: [info@hbchamber.net](mailto:info@hbchamber.net)

### Signature

In submitting this signed application, I agree to abide by all of the Parade Rules & Regulations

### Date

*\*\*The Parade Committee has the right to refuse any entry and edit all script narrations.*



**HERMOSA BEACH**  
**CHAMBER OF COMMERCE**  
**AND VISITORS BUREAU**

# **CREDIT CARD FORM**

**PLEASE COMPLETE INFORMATION BELOW TO PAY BY CREDIT CARD  
EVERY SPACE MUST BE COMPLETED AND PRINT LEGIBLY  
INCOMPLETE FORM WILL DELAY PROCESSING.**

**PAYMENT/AUTHORIZATION INFORMATION**

Type of Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Security Code \_\_\_\_\_  
Expiration Date (mm/yy) \_\_\_\_\_  
Amount Authorized **\$** \_\_\_\_\_

**CUSTOMER BILLING INFORMATION**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email Address  
(for **Credit Card Receipt**) \_\_\_\_\_

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**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_