

Veterans Day Parade Entry Form

Organization Name: _____

Category: _____

Contact person: _____ Phone #: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Animal(s) used: YES or NO Type: _____ How many? _____

Music Used: YES or NO Type: _____

Motorized vehicles used? YES or NO Type: _____ How many? _____

Walkers? YES or NO How many? _____

Describe your entry for our announcers:

I/We hereby make application for this parade and agree to indemnify and hold free from any claim for damage, theft, personal injury or bodily harm, the Tennessee Valley Healthcare System. I waive any and all claims for myself, my heirs, and those participating in our entry against officials or sponsors of this event.

Signed sponsoring organization: _____

Authorized signature: _____

(If under 18, must be signed by a parent or legal guardian)

Date: _____ Address: _____

City: _____ State: _____ Zip code: _____

PLEASE RETURN THIS FORM NO LATER THAN OCTOBER 10, 2014 TO:

Annette Allen – Fax number 615-225-3793

e-mail: Annette.allen@va.gov

Phone: 615-225-3786