FROM THE DESK OF
BERNADETTE PAWLAK
Parade Coordinator
DYNGUS DAY, LLC
P.O. Box 567 Getzville, Ny 14068
Mobile 716-812-3342
email: bernadettepawlak@gmail.com

2017

ENTRANT INFORMATION (*TITLE*) _____

COMPANY NAME (*IF APPLICABLE*) _____

CONTACT FULL NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ **ALT. PHONE NUMBER** _____

EMAIL ADDRESS _____

PARADE ENTRY

PLEASE CHECK ONE

THE INFORMATION YOU PROVIDE BELOW IS CRUCIAL IN CREATING A SAFE AND ACCURATE LINE AND WILL BE USED TO MAKE CERTAIN AMPLE SPACE IS ALLOCATED FOR YOUR ENTRY.

✓	**ENTRY TYPE** PLEASE CHECK ALL APPLICABLE	**DESCRIPTION** BE SPECIFIC: FLATBED, PICKUP, TRAILER, CAR	**DIMENSIONS** REQUIRED (LENGTH OF VEHICLE)
	FLOAT *number of people*		
	VEHICLE(S)/QUANTITY **MUST BE STREET LEGAL NUMBER OF PEOPLE*		
	LARGE GROUP/ORGANIZATION *NUMBER OF PEOPLE*		

FLOAT ASSIGNMENT

WE DO NOT GUARANTEE ANY PARTICULAR LOCATION IN THE LINE UP. PLEASE LIST ANY SPECIAL NEEDS YOU MAY HAVE.

_____

_____

MORE INFORMATION ON PAGE 2

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2017

- The Parade Will Begin At **5:00 P.M.** Sharp On Monday, **The Seventeenth [17th] Of April, 2017**
  Check-in: At The Intersection Of Memorial Drive & Paderewski Dr. [*Please Look For Our Sign*] **Check-in Begins At 2:00 P.M.** And **Ends Promptly At 4:00 P.M.**
- Beyond Check-in P**oint; Only Vehicles Participating In The Event Will Be Allowed.** It Is Imperative That All Vehicles Are In Place Before Times Indicated Above.
- This Portion Of **Paderewski, Clark, Sears, & Playter Will Be Blocked Off For All General Traffic Beginning At 12:00 P.M.**
- Both Judging And The Parade Will Begin At 5:00 P.M. To Be Considered For An Award, Floats Vehicles, Etc. Must Be Clearly Marked With Signage Stated Name And Association. Awards WillBe Announced At The Dyngus Day Buffalo Annual Award Party To Be Announced.

LIABILITY RELEASE

I Agree That I Am Over The Age Of 18 And On Behalf Of _____ *(NAME OF ORGANIZATION)*

To Indemnify And Hold Harmless, Dyngus Day,LLC, It's Sponsors,the City Of Buffalo, It's Officers, Employees, Agents, Consultants ,Subcontractors, Insurers And Representatives For Any Loss, Damage of Injury To Myself/My Property In Anyway Related To My Participation In This Program. This Release Of Liability Applies To Me As Well As Any Of My Children, Personal Representatives, Assigns, Heirs And Next Of Kin.

I Authorize, Dyngus Day, LLC, In A Medical Emergency To Seek Emergency Medical Assistance At My Expense.

Signature Of Authorized Representative: _____ Date: _____

Printed Name: _____

PLEASE EMAIL OR MAIL FORM TO:

BERNADETTE PAWLAK
P.O. Box 567
Getzville, New York 14068
email: bernadettepawlak@gmail.com
FOR CONSIDERATION OF PARTICIPATION IN THE 2016 DYNGUS DAY PARADE APPLICATION[S] MUST BE RECEIVED ***BY 3/14/2017***

MORE INFORMATION
dyngusday.com