



THE PHOENIX ST. PATRICK'S DAY PARADE COMMITTEE

An Arizona Not for Profit Organization, Est. 1982

5608 W. Olive, Glendale, AZ 85302

(623) 939-1183

E-mail: PhxSt.PatricksParade@cox.net

1. All entry blanks must be filled out completely and mailed to the above address by February 26, 2010. Please include the entry fee with your application, made out to: THE ST.PATRICK'S DAY PARADE COMMITTEE.
2. All entries are subject to the approval of the Parade Committee. All decisions are final. Entrants will be notified by e-mail/mail upon acceptance.
3. All entries (except floats, see #4 below) must be at their designated area and report to their division leader no later than 9:00 a.m., the morning of the parade.
4. **FLOATS:** May be either horse drawn or motorized. All floats must be in their designated areas and report to their designated Division Marshals by 8:30 a.m., the morning of the parade. All floats **MUST** carry a **FIRE EXTINGUISHER** on the outside of the float. Advertising and identification of the float must be kept to a minimum and always in good taste. Floats deemed inappropriate by the St. Patrick's Day Parade Committee will not be permitted to enter the parade. In keeping with the spirit of the day, the committee asks that all floats maintain a Keeping the Scene Green theme, coinciding with this year's parade theme, "Arizona's Irish: Proud Past, Present and Future!"
5. It is **IMPERATIVE**, that all entries maintain the pace throughout the entire parade route. Parade marshals stationed along the route are responsible for keeping the pace. Please watch for them and follow their instructions.
6. In the interest of safety, the **THROWING OF ANY MATERIAL** (candy, etc.) **BY ANY ENTRANT IS PROHIBITED**. This is in accordance with the guidelines of the City of Phoenix Police Department.
7. **NO ALCOHOL/ALCOHOLIC BEVERAGES WILL BE PERMITTED.**
8. All **ANIMAL** entries **MUST** have **PROOF** of **INSURANCE**. Please indicate the name of your insurance company, the policy number and the expiration date below.

INSURANCE COMPANY: _____

AGENT'S NAME: _____

POLICY NUMBER: _____

INSURED'S NAME: _____

EXPIRATION DATE: _____

♣ **PLEASE BRING THIS LETTER WITH YOU THE DAY OF THE PARADE.**