**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:

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 VA 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 November 3, 2017 to:**

**Annette Allen – Fax number 615-225-3793**

**e-mail:** [**Annette.allen@va.gov**](mailto:Annette.allen@va.gov)

**Phone: 615-225-3786**