



Phelps Sauerkraut Weekend Participant Application



RETURN FORM ASAP TO BE CONSIDERED

Name of Organization: _____

Contact Person: _____

Mailing Address (Is this the contact person's home address or work address? _Home _Work)

Daytime Phone: _____ FAX: _____

Cellular: _____ Email: _____

How will your group be arriving to the parade? _____

TYPE OF GROUP: Please check ALL that apply and fill out required details

_____ Wheels/Float _____ Band _____ Specialty _____ Animal

A PICTURE AND / OR SKETCH OF YOUR FLOAT IS REQUESTED

_____ WHEELS/FLOAT:

Detailed description of float (colors, props, design, etc.) _____

Will your float be self-propelled? Yes: _____ No: _____ If no, what will be towing your float? (Please describe tow unit in detail –we do require that all tows be covered by vehicle insurance) _____

Length of float: _____ Width of float: _____ Height of float: _____

Number of riders on the float: _____ Number of walkers around the float: _____

Will your float have music? Yes: _____ No: _____ If Yes, will the music be Live: _____ or Recorded: _____

Please describe the music and equipment used to play the music on the street: _____

Detailed description of any participants on or around the float: _____

_____ BAND:

Formal name of band: _____

Number of musicians: _____ Number of non-musicians: _____

Description of uniform (color, style, etc.) _____

Please list any awards or honors band has achieved (Include city, state, and year achieved) _____

_____ ANIMALS:

Description of Parade Unit: _____

Number of Walkers/ Riders: _____ Number of trailers: _____

Description of Costume: (color, style, etc.): _____

Are the animals: Diapered _____ Walking Scoopers: _____ Other: _____

SPECIALTY:

Description of Group: (costumes, entertainment, etc.) _____

Exactly what will your group be doing? _____

Total number of people in the group: _____

Does your group have music? Yes _____ No _____ If Yes: Live: _____ or Recorded: _____

Please describe music and equipment used to play the music to the street: _____

General questions for script

Please fill in as completely as possible. This is used to talk about your group as it passes through the telecast zone.

Number of Appearances in Parade, including which years you attended: _____

What year was your organization founded? _____

Brief history of your organization: _____

Add any noteworthy information about your group: _____

Please list any special requests, requirements or questions you need to submit: _____

Mailing address:

**Phelps BDTC
Attn: Sauerkraut Weekend Parade
PO Box 31
Phelps NY 14532**

Email: phelpsbdtc@gmail.com