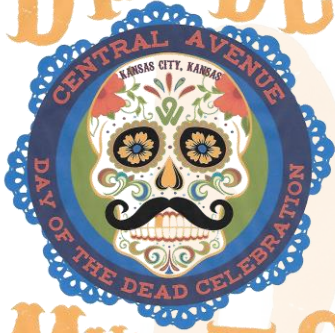


DIA DE



MUERTOS

Central Avenue Day of the Dead Parade

Your Business/Organization/School/Band/Church/Everyone is invited to
**Come together with the entire community to
Celebrate Central Avenue Día de Los Muertos!**

From 6th St. to 16th St. On Central Avenue

The Day of the Dead Parade will be held on the **FIRST** Saturday of November beginning promptly at 6pm (line-up @ 5pm). The parade starts at 6th Street and Central Avenue and ends at 16th St. on Central Avenue. Please complete and return this Entry Application as soon as possible.

Get Involved In A Great Community Event! Questions? Call 913-281-9222

PARADE ENTRY APPLICATION (please print clearly)

Name (Business, School, Organization, Family or Individual) _____

Address _____ Organization Ph No. _____

Email (important, please print) _____ Day of Event Cell No: _____

City _____ State _____ Zip Code _____

Name of person responsible for entry/participation: _____

Contact Info if different from above: _____

Entry Type: Float () Band () Walking Unit () Drill Team () Other () _____

Approximate length of entry (measured in feet) needed _____

RELEASE AND WAIVER

I hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, waive, release, discharge and covenant not to sue Central Avenue Betterment Association, any and all sponsors, their agents, assigns, claims or liability for death, personal injury or property damage of any kind whatsoever arising out of, or in the course of this event. Minor applicants will be accepted only with the signature of a parent or legal guardian. I hereby state that as of November 01, 2017, insurance on any vehicle entered in the Parade will be in full effect according to the statutes of the state of Kansas. I understand the Central Avenue Betterment Association (Association) reserves the right to accept or deny entries up to the start of the Parade. Taking into consideration factors to include type of entry and timely return of this entry form, the Association will determine order of parade. NOTE: Appropriate information/signature must be provided. Notification of your place in the parade will be made by mailed post card to the above postal address 7-10 days prior to the event.

Signature _____ Date _____

All entrants must provide their own transportation, insured parade vehicles, insured drivers & safety plan.

Please mail this completed form promptly to: **C.A.B.A., P.O. Box 171262, Kansas City, KS 66117**
Or E-mail the completed application to: 1621Central@gmail.com

Signature

Date

