Rocky Hill Business District



7th Annual Christmas Parade & Festival

December 4, 2021, 3:30pm - 7:00pm - Parade steps off at 6:00 Deadline to Enter is October 31, 2021 or when we reach our maximum limit of 30 entries.

Return to Rocky Hill Family Dentistry, Attn. RHBD, 7427 S. Northshore Dr., Knoxville, TN 37919

Application Fee is \$100.00. Cash and checks accepted. Checks payable to Rocky Hill Business District

No Alcohol Allowed. Parade staff reserves the right to limit an entrie's size due to parade restrictions.

Entries are divided into groups/subgroups by type of entry. Space is limited, so your entry is not guaranteed. Confirmation of entry will be sent no later than 30 days prior to the parade. For more information, please visit our website www.rocky hill christmas parade.org, email us at rockyhillparade@gmail.com or contact Scott Groth at 865-318-1492.

PARADE ENTRY FORM

Coverage Amount

I. Contact Information Contact Name:		
Business or Entrant:		
Address/Zip Code:		
Phone Number:	Email:	
II. Entry Description Describe Theme:		
Total number of people particip	pating in your unit:	How many will be walking?
The minimum age for p		is 9 years old. All participants 8 years of age and younger must ride. must have 1 adult for every 10 children.
Do you have vehicles/antique	cars? How r	nany?
Please describe make/model,	as well as total length:	
	Limit 2 vehicles per	r club and must travel side by side
Do you have a float?	Please describe	
Total length of vehicles (needs	ed for line-up layout)	
Do you have animals	Please describe	
		nimals will be allowed without diapers.
Do you have music?		Is it a band?
Other	Live/recorded/amplified/etc.	?
actions and will not hold the City of activity. Further, the undersigned a Rocky Hill Business District Board City of Knoxville and Rocky Hill Business	ment hereby states that	, participant, acknowledges they are responsible for their es responsible for liability from their participation in the aforementioned community mless the individual members of the Knoxville Mayor and City Council members, the ability arising out of the applicant's participation in this event. I understand that the for damages created by my participation (third party) because the City of Knoxville ead the attached rules and will abide by all regulations stated therein.
Applicant Signature		Date
IV. Insurance Coverage		
Do you or your group have lia	bility coverage?YesNo	o If so, please list the carrier's name and coverage amount and attach a copy

Carrier's Name