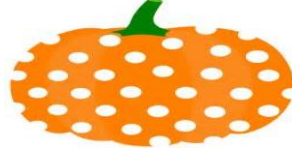


# 2017 GHOULFEST PARADE



**Saturday,  
October 28th  
6pm**

**Line up at 5:30pm– Park Street**

## **PLEASE PRINT INFORMATION**

**ORGANIZATION TITLE:** \_\_\_\_\_

### **CONTACT INFORMATION**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TYPE OF UNIT:(MARCHING, MOBILE, ETC.)** \_\_\_\_\_

Please return application to:

City of Geneva

ATTN: Rec. Dept.

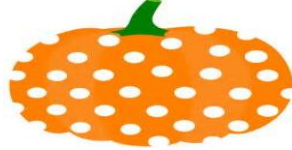
44 North Forest Street

Geneva, Ohio 44041

Please remember after filling out this application to sign the waiver as well.

**FMI: Dee Dee at 440-466-9139 or email [genevarec@genevaohio.com](mailto:genevarec@genevaohio.com)**

# 2017 GHOULFEST PARADE



## WAIYER

The undersigned wishes to participate in the Ghoulfest Parade to be held on Saturday, October 28, 2017.

The undersigned acknowledges that it has been notified by the Ghoulfest Committee of the City of Geneva that it should be insured against any and all risks involved with participation in said parade. The undersigned also acknowledges that it assumes all risks involved in connection with its participation in said parade.

The undersigned agrees to waive any and all claims or rights of action it may have against the City of Geneva and the Ghoulfest Committee or its volunteers for damages incurred as a result of its involvement in said parade.

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Name of Owner, Group or Organization

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Name of Individual or Person in charge

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Date