

BROOKLYN PRIDE USE ONLY		
Date Rcvd	Check #	Amount



**2017
BROOKLYN PRIDE 21
TWILIGHT PARADE APPLICATION FOR SATURDAY, JUNE 10, 2017**

PARADE KICKS OFF AT 7:30 PM, 5TH AVE AT LINCOLN PL.

Sponsoring Organization:

Contact Person:

Contact Phone #: Email:

Street Address:

City: State: Zip Code:

# of Walkers = <input type="text"/>	<input type="text"/> Motorized Vehicles	<input type="text"/> Float
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Description of your group/organization to be read by parade MC:

Will your entry have music? If yes, please describe what type of music:

What category would you like to march with?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> AIDS/Health Related | <input type="checkbox"/> Disabled | <input type="checkbox"/> Religious/Spiritual | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Athletics/Sports | <input type="checkbox"/> Leather/Levii SM | <input type="checkbox"/> Sober/Chemical Free | <input type="checkbox"/> Women Only |
| <input type="checkbox"/> Bars | <input type="checkbox"/> People of Color | <input type="checkbox"/> Social | <input type="checkbox"/> Youth/Senior/Parents |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Students | <input type="checkbox"/> Other (Explain Above) | |

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DETERMINE FEES

Application and full payments received by Monday, May 1, 2017 will ensure that your organization/group will be listed in our 2017 Pride Guide.

All applications must be received by Wednesday, May 20, 2017. Any application received after **May 20, 2017** will be charged an additional \$10.00 late fee.

Please check below for the change(s) that apply to your organization/groups.

Vehicles - \$21 **Motorcycles - \$21 for the group (up to 15)**
 Floats - \$121 **Others please call for information** **Total Fees:**

MARSHALS MUST ATTEND MANDATORY MEETINGS

Each organization/group must provide at least two marshals to accompany it during the parade. There will be a Marshal training session on Tuesday, May 23rd. Please list the names, email, addresses and phone numbers of each marshal below.

Name Email Phone
Name Email Phone

INSURANCE AND RULES AND REGULATIONS (YOU MUST READ AND SIGN BELOW)

I state that I am empowered to act upon and on behalf of my organization/group and state the following is true.

- (1) The vehicle or other equipment that my organization/group will use in Brooklyn Pride's event has sufficient liability insurance to cover the vehicle for the parade.
- (2) That my organization assumes any and all liability for damages or injury resulting from contingent.
- (3) That on the behalf of my organization/group and its members, I agree, to hold Brooklyn Pride, Inc., its members, officers, agents and other associated personnel harmless of all accidents, injury, and/or damages to the participants and/or property of my organization/group and its members.
- (4) That I have received and read the rules and regulation document which I printed/received with this application.

Name Title

Organization/Group Name:

Signature: Date:

MAIL or EMAIL COMPLETED FORM WITH FEES BY WEDNESDAY, MAY 1, 2017

No application will be accepted without fees. Please make check or money order payable to Brooklyn Pride, Inc.

MAIL TO:
Brooklyn Pride, Inc.
attn: Parade Committee
P. O. Box 150508
Brooklyn, NY 11215

EMAIL TO:
parade@brooklynpride.org