



**The Foliage Sertoma Club  
Of Apopka**



**The City of Apopka**

**Annual Christmas Parade Entry Form**  
**“Rejoice! It’s Christmas in Apopka!”**  
**Saturday, December 11, 2021**

1) Organizations mailing address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

2) # 1 Contact Person \_\_\_\_\_

Phone Number: Home/Cell \_\_\_\_\_  
Work: \_\_\_\_\_

# 2 Contact Person \_\_\_\_\_

Phone Number: Home/Cell \_\_\_\_\_  
Work \_\_\_\_\_

3) Entry: Please check one:

Band ( )                  Float ( )                  Other ( )

Bands or performing groups **are given 1 minute** to **perform in front** of our judges. Any additional time will deduct points from you overall score.

4) This must be completed in full. Your staging area will be determined by the Information you provide.

Entry Size and Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Towing Vehicle                                  Width                  Length  
\_\_\_\_\_                                  \_\_\_\_\_                  \_\_\_\_\_

Trailer \_\_\_\_\_  
Total Size of Entry \_\_\_\_\_

**The following information will be used during the parade as your entry passes the viewing stand and for the media commentators. In less than 50 words, explain your organization and your entry**

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## **Entry form must be signed** **below.**

I do hereby release and hold harmless the Foliage Sertoma Club of Apopka, Inc. and the City of Apopka, of any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damage to my property. I have read and understand the rules and requirements set forth by the Foliage Sertoma Club of Apopka Parade Committee. I agree to abide by these rules and requirements if allowed to participate in the Foliage Sertoma Club/City of Apopka Christmas Parade.

Enclosed is my check for either **\$75.00 for For-Profit** or **\$50.00 for Non-Profit** with my application. Checks are made payable to “**Foliage Sertoma Club of Apopka**”. (Payments may be made via PayPal at [FoliageSertoma.org](http://FoliageSertoma.org).)

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

Mail Application and Check to:

Foliage Sertoma Club of Apopka  
P.O. Box 718  
Apopka, FL 32704