

Zane's Trace Commemoration P.O Box 332

Zanesville, Oh 43702 www.zanestracecommemoration.com

Member



2024 Parade Pre-Registration Form

Please PRINT clearly: If needed: Supplemental information can be submitted on separate sheet ORGANIZATION / BUSINESS NAME: PRIMARY CONTACT PERSON: (REQUIRED)		
MAILING ADDRESS:	CITY	ZIP
PHONE: (REQUIRED)EVENING: (REQUIRED)		
EMAIL REQUIRED)		
What is your Category? (Check one)		
☐ Non-Profit Organization, School, Church	n(s): Number of Units: Number o	f Walkers:
☐ Public Safety Vehicle (Fire/Rescue/Amb	ulance): Number of Units: Numb	er of Walkers:
☐ Car/Truck: (Historical, Show Quality on	ly)	
☐ Motorcycle: Number of Units:		
☐ Clowns: w/Vehicles: ☐Y ☐N Number o	f Units: Number of walkers:	
Description of your Entry: (Check one and	provide the requested information)	
☐ Float or Trailer: Length (ft) Pulled by:		
☐ Semi-Truck: ☐ Farm Tractor: ☐ Other: _		
☐ Car, Truck, Motorcycle: Year:	Make:Model: _	
☐ Performing group (walking): ☐Band Col	lor □Guard □Drill Team □Dance Unit (Other
☐ Will there be a vehicle with your perform	ning group: □Yes □No If yes: Type?	
☐ Will there be a Float with your performing	ng group: □Yes □No?	
o IF YES: COMPLETE BELOW:		
o □Float or Trailer: Length(ft):		
Pulled by: □Truck/SUV □Semi Truck □	Farm Tractor: □Other:	
☐ Does your entry include animals? ☐Yes	□No	
o (IF YES: Clean up must be provided in st	aging and parade route)	
☐ Types of Animal(s)		imal(s)
$\ \square$ Other type of Entry: (Please Describe on	reverse side of this form)	
☐ Do you want your entry to be judged? ☐	YES □ No	

Rick Buck: Board President - 740-487-6776

Cindy Northrup: Board Secretary – 740-617-7735 Holly Tracey – Grimes: Treasurer – 740-562-7412



Lori Burkhart

740-260-6972

Parade Committee, Chair

lorib39@yahoo.com

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Other type on entry: Continued:
DESCRIPTION OF YOUR ENTRY: Will be used for announcing
Please Note: As a participant in the Zane's Trace Commemoration, in any capacity, you and/or your crew, hereby grant to the Zane's Trace Commemoration, Inc. (ZTC) the right to record, broadcast and otherwise exploit in any, and all media, throughout the world my participation in the event and to use my name, likeness, voice and biographical information concerning me in connection therewith. You also assume all risks associated with my participation and hereby release and hold harmless the ZTC, the sponsors of and suppliers, their respective directors, officers, employees, agents, successors and assigns and including the City of Zanesville Ohio, from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees, arising out of your participation in the Zane's Trace Commemoration, including without limitation, any personal injuries, damage to property, which may incur as a result your, or your crews participation. You warrant that you are of legal age and/or have approval from your guardian/organization and understand the foregoing terms.
Primary Contact Signature: (Required)
Forms can be submitted by either: Mail to: Zane's Trace Commemoration, Attn: Parade: P.O. Box 332, Zanesville OH, 43701 OR By email to the Committee Chair/Co-Chair, information below. Thank you for your participation. For other questions please feel free to contact us.

Zane's Trace Commemoration Board Members

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