



Parade Application

Event _____ Event Date _____

Expected Number of Entries _____

Responsible Party (Party responsible for payment) _____

Responsible Party Mailing Address _____

Contact Person Name _____

Daytime Phone _____ Mobile Phone _____

Event Start Time: _____ Event End Time: _____

Road Closure Start Time: _____ Road Closure End Time: _____

Staging Area: _____

Road Closing Map Attached? Yes No

Primary Contact (during event):

Name _____

Mobile _____

Email _____

Course Director (if applicable):

Name _____

Mobile _____

Email _____

The information provided in this application and its attachments is complete and accurate to the best of my knowledge. I understand that I am under a continuing obligation to update any information supplied, and/or supply any new information as it becomes available.

I have read, understand and agree to adhere to the guidelines outlined in the Special Events Guide and Parade Guidelines.

X _____ Date _____

Signature of Applicant

Return to: Special Events Coordinator - 24 East First Street, Edmond, OK 73034

mailing address: P.O. Box 2970, Edmond, OK 73083

email: SpecialEvents@edmondok.com **office:** 405-359-4580 **fax:** 405-359-4758

Event description (Please provide a list & description of parade entries)
