

GEORGIA POWER PARADE OF EXCELLENCE PARADE PARTICIPANT APPLICATION

This is an application for participation in the **Georgia Power Parade of Excellence**. This is designed to provide the Parade Committee with important information about your organization's proposed involvement. If your group is accepted, this form will also serve as possible telecast script information. Please include complete information so that we can appropriately showcase your organization. Attach additional sheets if necessary. All participants must be 11 years of age and older.

Please remove me from your mailing list We cannot attend this year, but would like to be considered for future parades

RETURN FORM ASAP TO BE CONSIDERED

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

MAILING ADDRESS: (Is this the contact person's home address or work address? Home Work) _____

DAYTIME PHONE NUMBER: () _____ FAX NUMBER: () _____

CELLULAR: () _____ E-MAIL ADDRESS: _____

HOW WILL YOUR GROUP BE ARRIVING TO THE PARADE: _____

WILL YOUR GROUP BE STAYING TO WATCH THE GAME AFTER THE PARADE: IF YES, HOW MANY BUSES: _____

TYPE OF GROUP: Please check ALL that applies and fill out required details

Float Band Military Specialty

A PICTURE AND / OR SKETCH OF YOUR FLOAT IS REQUESTED

BAND: (Please specify type) High School University Military High School Band Member G.P.A. _____

Formal name of band: _____

Number of musicians: _____ Number of non-musicians: _____

Description of uniform (color, style, etc.) _____

Please list any awards or honors band has achieved (Include city, state, and year achieved) _____

FLOAT / VEHICLES:

Detailed description of float (colors, props, design, etc.) _____

Will your float be self-propelled? Yes: _____ No: _____ If no, what will be towing your float? (Please describe tow unit in detail – we do require that all tows be covered by vehicle insurance) _____

Length of float: _____ Width of float: _____ Height of float: _____

Number of riders on the float: _____ Number of walkers around the float: _____

Will your float have music? Yes: No: If Yes, will the music be Live: _____ or Recorded: _____

Please describe the music and equipment used to play the music on the street: _____

Detailed description of any participants on or around the float: _____

_____ SPECIALTY: Performance: _____ Military: _____
Description of Group: (costumes, entertainment, etc.) _____

Exactly what will your group be doing: _____

Total number of people in the group: _____
Does your group have music? Yes ____ No ____ If Yes: Live: _____ or Recorded: _____
Please describe music and equipment used to play the music to the street: _____

General questions for script

Please fill in as completely as possible. This is used to talk about your group as it passes through the telecast zone.

NUMBER OF APPEARANCES IN THE PARADE OF EXCELLENCE (INCLUDE WHICH YEARS YOU ATTENDED): _____

WHAT YEAR WAS YOUR ORGANIZATION FOUNDED? _____

BRIEF HISTORY OF YOUR ORGANIZATION: _____

ADD ANY NOTEWORTHY DETAILS ABOUT YOUR ORGANIZATION: _____

PLEASE LIST ANY QUESTIONS, REQUESTS OR REQUIREMENTS THAT THE PARADE OFFICE WILL NEED TO ADDRESS:

Learn about Argonne Parades and other parades around the country – visit www.argonneparades.com

COMPLETE AND RETURN THIS FORM ASAP TO:

EMAIL: poe@argonneparades.com

ARGONNE PARADES
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