

**FROSTBURG HALLOWEEN PARADE**  
**MONDAY, OCTOBER 30<sup>TH</sup>, 6:00PM**  
**PARTICIPANT REGISTRATION FORM**

**ORGANIZATION NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**UNIT DESCRIPTION FOR PARADE ANNOUNCER:**

Line-up info will be emailed to contact person listed above the day before the parade. Please complete and return this form no later than Wednesday, October 25<sup>th</sup>. It can be faxed to 301-689-2840, emailed to [bvought@frostburgcity.org](mailto:bvought@frostburgcity.org), or mailed to PO Box 440, Frostburg, MD 21532, or dropped off at City Hall (37 S Broadway, Frostburg, MD).

I acknowledge that I am an authorized representative of the organization listed above, have read, understand, and agree to comply with all parade rules/regulations; and agree to hold harmless the City of Frostburg, its employees, volunteers, agents and assigns of any liability for any damage or injury to persons or property as a result of my/our actions as a participant in the Frostburg Halloween Parade.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_