



# **CHRISTMAS PARADE**

**YOU ARE INVITED TO PARTICIPATE IN THE WELLINGTON AREA CHAMBER OF COMMERCE/CVB DOWNTOWN CHRISTMAS PARADE!**

**DECEMBER 14th, 2024 5:15PM**

Christmas Tree lighting in Heritage Park by the Wellington Lions Club following the parade

- ENTRIES ACCEPTED UNTIL 4:00PM ON WEDNESDAY, DECEMBER 11TH.
- PARADE WILL RUN NORTH ON WASHINGTON AVENUE FROM 4TH STREET AND END AT 8TH STREET, IN FRONT OF THE MEMORIAL AUDITORIUM.
- YOU ARE ENCOURAGED TO USE LIGHTS AS IT MAY BE DARK!
- ALL CHRISTMAS PARADE ENTRIES ARE FREE, BUT REGISTRATION IS REQUIRED!
- PLEASE, ONLY THE OFFICIAL CHAMBER SANTA MAY BE USED.
- PLEASE IDENTIFY YOUR ENTRY WITH A SIGN OR BANNER.
- NOTHING CAN BE THROWN FROM MOVING VEHICLES.
- \*\*WALKERS MAY DISTRIBUTE CANDY OR FAVORS ALONG THE PARADE ROUTE.
- PARADE LINEUP IS AT 4:30PM; PLACEMENT WILL BE EMAILED BY 4:30PM ON DEC. 13TH.
- THEME: CRUSADER CHRISTMAS**

**BUSINESS/ORGANIZATION ENTRY:** \_\_\_\_\_

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

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

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

**PLEASE MARK ALL THAT APPLY:**

**RIDE ON FLOAT** \_\_\_\_\_ **GOLF CART** \_\_\_\_\_ **WALK** \_\_\_\_\_ **MOTORCYCLE** \_\_\_\_\_

**DRIVE VEHICLE** \_\_\_\_\_ **BICYCLE** \_\_\_\_\_

**OTHER:** \_\_\_\_\_



**SUBMIT ENTRY TO WELLINGTON AREA CHAMBER OF COMMERCE/CVB**  
**208 N WASHINGTON AVE. PO BOX 686**  
**WELLINGTON, KS 67152**  
**620 326-7466**  
**DIRECTOR@WELLINGTONKSCHAMBER.COM**



The undersigned agrees to participate in the 2024 Wellington Area Chamber of Commerce/CVB Christmas Parade on December 14th, 2024. I/we agree to cooperate in every way possible and to abide by the established rules to ensure the safety & success of the parade. I/we acknowledge that the Wellington Area Chamber of Commerce/CVB will not be held responsible for any property of participants from theft, damage by fire, water, accidents, and/or any other cause of injuries. It is hereby understood & agreed the above named participants shall not hold any members/volunteers/sponsors responsible for any and all liability, injury and/or claims caused by them, the volunteers, sponsors or participants.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Office Use: Date Received** \_\_\_\_\_ **By:** \_\_\_\_\_