

2021 PARADE INFORMATION & FORM

Thank you for your interest in the Spring Hill Fall Festival Parade!!!

- All vehicles and drivers must provide a copy of their Driver's License and Insurance for the vehicle being used in the Parade.

Email:

springhillff@gmail.com

Mail to:

Spring Hill Fall Festival
PO Box 502
Spring Hill, KS 66083

Drop off:

Farm Bureau
117 S Main Street
Spring Hill, KS 66083

- The parade route will begin in the parking lot of the Spring Hill Early Childhood Center (300 E South St, Spring Hill, KS 66083). The parade route will be approximately 1.5 miles long and will end at the Spring Hill Sports Complex (309 W North St, Spring Hill, KS 66083), behind Sonic.

Line up will start at 8:00 am

Parade start time is 10:00 am

For safety reasons, we ask that you NOT throw anything (candy, trinkets, etc.) from a moving vehicle or trailer. Instead, we ask that your float walkers hand out your goodies. Also, ALL non-street legal modes of transportation must be put on a trailer at the end of the route and not driven back through town.

We appreciate your understanding and cooperation.

IMPORTANT: All entry forms must be submitted by Wednesday, September 1st, and must be submitted with a COPY of a valid Driver's License and Insurance card for review. Late entries cannot be accepted.

We look forward to having you be a part of the 67th Annual Spring Hill Fall Festival and hope you will find time to enjoy the many other events scheduled around town.

REGISTRATION DEADLINE IS WEDNESDAY, SEPTEMBER 1, 2021

(unfortunately, late entries cannot be accepted)

Please note: Online numbers generated are for the purpose of announcing entries - not actual location in the parade - the line-up number will be provided on parade day.

The Entry Form is on the next page.

2021 PARADE ENTRY FORM

Name / Business Name: _____

Phone: _____ Email: _____

Type of Float:

Marching Unit Vehicle
 Equine Novelty
 Float Music

Approximate number of walkers on/walking with your float: _____

Description to be read aloud by announcers: _____

VEHICLE INFORMATION

Description of Vehicle: _____

Length of Trailer: _____ Type of trailer hitch: _____

(due to staging location this year)

Name of Driver: _____ Driver's DL # & Exp. Date: _____

Vehicle Insurance: _____

Please send a copy of Driver's License & Insurance to:

EMAIL:
springhillff@gmail.com

MAIL:
Spring Hill Fall Festival
PO Box 502
Spring Hill, KS 66083

DROP OFF:
Farm Bureau
117 Main Street
Spring Hill, KS 66083

By submitting this entry form, participants agree not to hold the Spring Hill Fall Festival, it's Committee, or the City of Spring Hill, KS liable for any accidents, damages or loss.

Printed Name: _____ Signature: _____ Date Signed: _____