Christmas PARADE ENTRY FORM



The City of Rockport
Parade Entry Form
December 5th, 2026 at 2 p.m.
Line up at 1 p.m. at the Rockport City Park 930 Fairground Drive Rockport, IN 47635

Organization: _____

Name of Entry: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email Address: _____

Type of Entry: (circle)

Float Marching Group Pageant Queen Horse/Animal Band

Car Golf Cart Other: _____

Please give a brief description of your parade entry: _____

_____

I, the undersigned, agree that I have read and understand the guidelines included with the entry form and I hereby agree to abide by tbrm. I agree that anither the City of Rockport, yur any agent, employee or volunteer assumes any responsibility for any personal injury or property damage suffered in connection with the parade. I agree to release and hold harmless such parties from any claims for injury or damage.

Signature: _____ **Date:** _____

Mail the entry to: The City of Rockport; 426 Main Street; Rockport, IN 47635
Or email this form to: Deputyct@rockport.in.gov

Megan Lashley Vance
Deputy Clerk Treasurer
The City of Rockport
812-649-2242 Ext 2