

**2024 HOUSTON ST. PATRICK'S PARADE APPLICATION
SATURDAY, MARCH 16, 2024, 12:00 NOON
DOWNTOWN HOUSTON**

ENTRY INFORMATION

NAME OF ORGANIZATION: _____

CONTRACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # _____ FAX # _____ E-MAIL _____

ENTRY INFORMATION

SCHOOL GROUPS: MARCHING BAND: _____ R.O.T.C. _____ DRILL TEAMS: _____

FLOATS: BUILT BY PROFESSIONALS _____ BUILT BY INDIVIDUALS: _____

VEHICLES: LARGE TRUCK _____ PICK-UP TRUCK _____ CAR _____ VAN _____

WALKING GROUPS: LARGE GROUP (OVER 50 WALKERS) _____ SMALL GROUP _____

OTHER ENTRIES (PLEASE SPECIFY): _____

ENTRY FEES

ALL SCHOOLS & MILITARY HONOR GUARDS—NO CHARGE

NON-PROFIT ORGANIZATIONS:	\$50.00/ENTRY
"ORIGINAL IRISH 100 CLUB":	\$50.00/ENTRY
FLOATS:	\$125.00
TRUCKS: LARGE TRUCK (18-WHEELER)	\$175.00
PICK-UP TRUCK/VAN	\$125.00
CARS/CAR CLUB	\$ 100.00/CAR
LARGE WALKING GROUP:	\$125.00
SMALL WALKING GROUP:	\$100.00

REGISTRATION DEADLINE IS MARCH 1, 2024

PLEASE REPLY TO :

THE HOUSTON ST. PATRICK'S PARADE COMMISSION

15135 MEMORIAL DR. #7101

HOUSTON, TX 77079

PHONE#713-822-5784 OR 832-594-6209 E-MAIL janellekearns@gmail.com

WEBSITE: www.hsppc.org

MAKE CHECKS PAYABLE TO:

THE HOUSTON ST. PATRICK'S PARADE COMMISSION

ALL PARADE ENTRIES ARE CONSIDERED REGISTERED ONCE YOUR COMPLETED APPLICATION AND PARADE FEE ARE RECEIVED.

YOU WILL RECEIVE LINE-UP INFORMATION

ONE WEEK PRIOR TO THE PARADE

2024 ST. PATRICK'S ENTRANT INFORMATION

GROUP/PERSON'S NAME: _____

THEME OF ENTRY: _____

FLOAT: LENGTH: _____ WIDTH: _____ HEIGHT: _____

NAME OF MUSICAL SELECTIONS: _____

WHAT WILL YOUR GROUP DO IN THE PARADE: _____

DESCRIBE COSTUMES AND GIVE INTERESTING FACTS ABOUT ENTRY:

HISTORY OF GROUP: HONORS, OTHER PARADES, ETC? _____

CERTIFYING that I am in compliance with the Motor Vehicle Safety Responsibility laws of the State of Texas, City of Houston and Parade regulations:

*****Present this with your insurance ID card to your Section Parade Marshall *****

ANSWER EACH QUESTION COMPLETELY:

PARADE ENTRY # _____

I. VEHICLE INFORMATION:

YEAR _____

MAKE _____

MODEL _____

II. DRIVER'S INFORMATION (As it appears on your driver's license):

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH: _____

DRIVER'S LICENSE # _____ STATE _____

III. INSURANCE INFORMATION (As it appears on your insurance ID card):

CURRENT INSURANCE CO.: _____

CURRENT POLICY #: _____

I HEREBY CERTIFY THAT I AM THE AUTHORIZED DRIVER OF THIS ENTRY AND THAT ALL OF THE ABOVE IS CORRECT.

DRIVER'S SIGNATURE

DATE

PRINT YOUR NAME