



La Posada de Kingsville Parade of Lights

REGISTRATION FORM

Theme: **“I’ll Be Home For Christmas”**

Date: **Saturday, December 7, 2024**

Deadline for Registration: *Postmarked by Dec. 4, 2024*



Title of Entry:			
Name of Sponsor: (Organization/business/school/etc.)			
Contact Person:	Phone:	Email:	
Street/PO Box:	City:	State:	Zip:
Name of adult walking with float: (MANDATORY)			Phone:
Select entry type below: (Check) <input type="checkbox"/> Float <input type="checkbox"/> Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Other (explain) _____		Select ONE category below: Your selection determines whom you will be judged with. (Committee has placement priority) (Check) <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Band/Band Auxiliary <input type="checkbox"/> College/University <input type="checkbox"/> Youth Organization (non-school) <input type="checkbox"/> Adult Organization (non-school) <input type="checkbox"/> Church <input type="checkbox"/> Family <input type="checkbox"/> Business	

Entry dimensions (include width, length and number of vehicles—*make sure to note if this is an 18-wheeler*):

In **50 words or less**, please detail EXACTLY what you would like the announcer to say as your entry goes by the reviewing stand. La Posada reserves the right to make changes to the language but will not be responsible for creating a description of the entry.

Waiver of Liability

As the representative of the organization above, I agree, for all this entries participants, heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, La Posada de Kingsville, its affiliates, officers, directors, volunteers, Kleberg County, City of Kingsville, sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of participation in this event and related activities—whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by Texas. If any portion of it is held invalid, the balance shall continue in full force and effect. I shall insure the sponsoring organization takes appropriate measures to alleviate risk. I have read, understand and agree to the terms of this agreement.

Signature (Must be 18 years of age or older)

Return completed form and the \$25 fee (Payable to La Posada de Kingsville) to: La Posada de Kingsville c/o Kingsville Visitors Center For more information contact the Kingsville Visitors Ctr. 1501 N. Hwy 77 at 361-592-8516 or atijerina@cityofkingsville.com Kingsville, TX 78363	Office Use Only Date Rcvd: _____ By: _____ Amount: _____ Paid by: Check / MO / Cash _____
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