



**10th - 17th AUGUST 2013**

**Parade Night  
Float Entry Form  
Wednesday 14th August**

Please do not arrive at assembly point  
before 6.00 pm. Check in from 6.15,  
Judging commences at 6.30 pm

**Classes of Entry  
Topical ~ Original  
Comical ~ Prettiest**

Combe Martin Services (Top Garage) have kindly allowed  
Carnival Parade participants to use their toilet facilities.  
Please leave them clean and tidy and  
do not abuse their generosity. Thank You.

Please complete the Entry Form and hand  
it in at the Entry Station on the night

# Parade Float Entry Form

Team Name \_\_\_\_\_

Team Leader \_\_\_\_\_

Address \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

## Team Members

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Classes of Entry ~ Tick One Box Only**

Topical	<input type="checkbox"/>	Original	<input type="checkbox"/>
Comical	<input type="checkbox"/>	Prettiest	<input type="checkbox"/>

# Parade Float Entry Form

Mode Of Transport. Please Tick One Box.

Towed Trailer ☐ Lorry ☐ Car ☐

Other ☐ Please State \_\_\_\_\_

Overall Vehicle Length Including any Trailer? \_\_\_\_\_

How many persons will be riding on the float? \_\_\_\_\_

How many persons will be walking with the float? \_\_\_\_\_

Will music be played on the float? Yes ☐ No ☐

## Child Protection Act

I give permission for any photographs taken of my children or any children in my group under 18 years to be used for future Carnival advertising or newspaper articles.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

I/ We Understand that the Carnival Organisers do not accept any liability for any damage or injury that may be incurred or suffered during or as a result of the Carnival.

# Insurance details

Insurance Company \_\_\_\_\_

Policy Valid From \_\_\_\_\_ To \_\_\_\_\_

Policy Number \_\_\_\_\_

Please Have A Copy of the Insurance Certificate to Hand.

I have read the conditions of the Carnival Code issued by the above authority and I understand that any breach of those conditions or false or misleading information on this certificate will render the float operator and driver liable to prosecution.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For and on behalf of the float operator

Print Name \_\_\_\_\_

(BLOCK CAPITALS PLEASE)

Float Operator Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_