

**VILLAGE OF WILLIAMSBURG
PARADE PERMIT**

(PLEASE PRINT OR TYPE)

Name of Organization: _____
Person Responsible: _____
Telephone Numbers: Home: _____ Work: _____

Date of parade: _____
Time of line up: _____
Time of parade start: _____
Starting location of parade: _____
Ending location of parade: _____

Will any units leave formation and depart at a different location? _____
If yes, give location (s): _____
Number of units in parade: _____
Insurance Company: _____

(COPY REQUIRED)

The signer assumes all responsibility for accidents and events that occur in conjunction with this parade.

I (we) agree to conform to all applicable Village Ordinances and Regulations during the time this Parade Permit is in effect.

Signature of Responsible Person

Date

Village Employee

Date

Name and Title

cc: POLICE DEPARTMENT