



APPLICATION FOR PARADE/STREET CLOSURE

Date of Request		
Name of Event		
Type of Event	Athletic <input type="checkbox"/>	Special <input type="checkbox"/>
Brief Description of Event		

Organization Information (please print or type):

Name	
Mailing Address	
City	
State	
ZIP Code	
Contact Person	
Title	
Telephone	
Fax	
E-Mail	

Description of Event (please print or type):

Dates	Beginning Date & Time:	Ending Date & Time:
Location of Line Up		
Proposed Route (Attach map)		
Proposed Detour (Attach map)		
Detailed Description of Event		

THE UNDERSIGNED HEREBY AGREES TO PAY FOR AND PROVIDE LIABILITY INSURANCE IN AN AMOUNT TO BE DETERMINED BY THE TOWN OF HAYDEN. THE UNDERSIGNED ALSO AGREES TO PROVIDE MANPOWER TO PLACE AND REMOVE THE BARRICADES (TOWN PROVIDED) AT THE DIRECTION OF THE HAYDEN POLICE DEPARTMENT.

I, THE UNDERSIGNED, FURTHER CERTIFY THAT THE STATEMENTS CONTAINED HEREIN OR ATTACHED HERETO ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Authorized signature	Date:
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FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

Conditions or Restrictions:

No objects (candy, toys, etc.) shall be thrown from parade floats.

SPONSORS AND/OR EVENT ORGANIZERS MUST FURNISH A CERTIFICATE OF INSURANCE OF A GENERAL LIABILITY INSURANCE COMPANY AND AN AUTO LIABILITY INSURANCE POLICY COVERING CLAIMS THAT MIGHT ARISE FROM THE EVENT, INCLUDING PARTICIPANT AND SPECTATOR LIABILITY. THESE POLICIES MUST HAVE A MINIMUM LIMIT OF \$ _____ PER OCCURRENCE AND MUST NAME THE TOWN OF HAYDEN AND ITS EMPLOYEES AS ADDITIONAL INSUREDS.

Authorized signature		Date:
Application has been:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>