

VILLAGE OF HIGHLAND FALLS

303 Main Street
Highland Falls, New York 10928

Date Received: _____

Telephone: 845-446-3400

Fax: 845-446-2952

Event/Parade Application

Name of Event/Parade: _____

Sponsoring Person(s) or Organization: _____

Address: _____

Event/Parade Chairman:

Name: _____

Address: _____

Telephone No.: _____

Event/Parade Chairman's Assistant(s):

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Purpose of Event/Parade: _____

Proposed Date of Event/Parade: _____ Proposed Rain Date: _____

Location of Staging Area: _____ Time: _____

Location of Disbanding Area: _____ Time: _____

Exact Route of Event/Parade: (describe and attach map of proposed route)

Will Event/Parade be: In Street: ___ Yes ___ No Sidewalk: ___ Yes ___ No

Number of People Expected in Event/Parade: _____ Adults: _____ Children: _____

Number of Cars: _____ Number of Trucks: _____ Number of Motorcycles: _____

Number of Bands: _____ Number of Marching Units: _____ Number of Floats: _____

Number (and kind) of animals: _____

Any Sound Amplification Equipment: ___ Yes ___ No

Description of Sound Amplification Equipment: _____

Will Local or State Police be required to Assist Event/Parade Personnel? ___ Yes ___ No

How Many Police required: _____

Will presence of local Ambulance be required? ___ Yes ___ No

Please provide/attach any additional information you believe may assist the Village in maintaining order, protecting the health, welfare and safety of its residents and the participants in your event/parade:

