

**2013  
Newark**

# **Memorial Day Parade** **Sunday, May 19**

**1pm - Ceremony on UD Green  
followed by a wreath laying at the  
Academy Building Memorial,  
Silent March down Delaware Avenue  
and Parade on Main Street**

*For information, registration, or to make a donation  
to the parade, please contact  
City of Newark Parks & Recreation Department.*

*(302) 366-7060*

*[parksrec@newark.de.us](mailto:parksrec@newark.de.us)*

*[www.cityofnewarkde.us/parksrecreation](http://www.cityofnewarkde.us/parksrecreation)*

In case of inclement weather, please call (302) 366-7147  
for ceremony indoor location and information.



*Remembering those that fought and sacrificed  
for our freedom and honoring those  
that continue to fight and defend our nation.*

# Memorial Day Parade Application

For office use only.

Please print and fill application out completely.

Applications that are not legible or completed, may be returned.

Applicants may be refused based on lack of military affiliation or appropriateness.

Activity #4509-203

<b>Group or Unit Name</b>									
<b>Point of Contact</b>									
First Name			M.I.	Last Name					
Mailing Address									
City									
Home Phone			Work Phone			Cell Phone			
Email Address									

<p style="color: red;">Please check all appropriate blocks and fill in all answers as requested. If unknown, please state "UK" and follow up prior to the event.</p> <p><b>Military or Service Affiliation</b></p> <p><input type="checkbox"/> Army      <input type="checkbox"/> Police</p> <p><input type="checkbox"/> Navy      <input type="checkbox"/> Fire &amp; Rescue</p> <p><input type="checkbox"/> Air Force      <input type="checkbox"/> Educational Institution</p> <p><input type="checkbox"/> Marine      <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Coast Guard</p> <p><input type="checkbox"/> Veterans Organization</p>	<p><b>Entry Type</b></p> <p><input type="checkbox"/> Marching</p> <p><input type="checkbox"/> Float</p> <p><input type="checkbox"/> Vehicle</p> <p><input type="checkbox"/> Political</p> <p><input type="checkbox"/> Historic</p> <p><input type="checkbox"/> ROTC</p> <p><input type="checkbox"/> Reserve</p> <p><input type="checkbox"/> Marching Band</p> <p><input type="checkbox"/> Other (Exhibition Only)</p>	<p><b>Ceremony</b></p> <p>Participating in ceremony on Green?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Color Guard?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Number of additional troops on the Green _____</p> <p>Do you have a unit available for review?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>Parade</b></p> <p>Number of Vehicles _____</p> <p>Total Number of Marching Participants _____</p> <p>Number of Veterans _____</p> <p>Number of Active Duty Military _____</p> <p style="text-align: center;">Please contact the Memorial Day Parade Committee if you have any question. sbruen@newark.de.us</p> <p style="text-align: center;">You may register online at <a href="http://www.cityofnewarkde.us./parksrecreation">www.cityofnewarkde.us./parksrecreation</a></p>
--	---	--	--

Additional Information - Please answer ALL sections COMPLETELY. .

Brief Organization Description (Please submit an additional discription that is suitable for reading by the emcee during the parade no later than 30 APR)

Entry of performance theme (please list music being used, if applicable). \_\_\_\_\_

Do you have a need for transportation? \_\_\_\_\_ If, yes, someone from the Memorial Day Parade Committee will contact you for specifics.



Please return application to:  
**Newark Memorial Day Parade**  
 c/o Parks & Recreation Department  
 220 South Main Street  
 Newark, DE 19711  
 Fax (302)366-7169

The activities offered by the City of Newark are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully take part in this/these activities, please call the Parks and Recreation Office to discuss the matter with the activity supervisor(s).

**Release, Waiver, and Explanation of Non-Insurance**

The City of Newark, University of Delaware and Newark Memorial Day Parade Committee DO NOT have liability insurance or any other insurance coverage which covers individuals who participate in the Newark Memorial Day Parade. By signing this agreement, the undersigned agrees to release the City of Newark, the Newark Memorial Day Parade Committee and the University of Delaware from any responsibility for any injuries or damages of any kind which may occur during the events mentioned above and to waive any and all rights the undersigned or the organization they represent may have against the Newark Memorial Day Parade, The City of Newark, The University of Delaware, New Castle County, The State of Delaware, and their respective representatives.

**Emergency Release Waiver**

The undersigned, hereby accepts responsibility for any accident which may occur in connection with this activity, hold harmless the City of Newark, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I (we) understand that the City of Newark provides NO medical insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a City of Newark activity. I understand that photos may be used in future publicity.

# Memorial Day Parade Application Supplement

Please check all appropriate blocks and fill in all answers as requested.  
If unknown, please state "UK" and follow up prior to the event.  
Please PRINT or TYPE ALL information. Thank you!

For office use only.

Activity #4509-203			

The information below will be used by the emcee of the parade as you pass the reviewing stand.  
Please check accuracy of the information prior to submitting for the parade. You do not need to fill the form out completely, just fill in the information that you would like to have read by the emcee.  
Some information may be cut short due to time constraints.

Name of Group / Organization: \_\_\_\_\_

Detachment / Lodge Name or Number: \_\_\_\_\_

Military Affiliation (if applicable) : \_\_\_\_\_

Number of Years the Group Has Been Organized: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Commanding Officer or Group Leader: \_\_\_\_\_ Number of Parade Participants: \_\_\_\_\_

Vehicles in the Parade (Make - Model - Year - Special Notes): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special or Noteworthy Accomplishments: \_\_\_\_\_

Narrative (You do not need to include information already provided above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please return application to:  
Newark Memorial Day Parade  
c/o Parks & Recreation Department  
220 South Main Street  
Newark, DE 19711  
Fax (302)366-7169