

Spring Lake Park Tower Days



PARADE ENTRY FORM

Parade: Thursday, June 5, 2025 – 6:30 p.m.

Application deadline: May 14, 2025 4:00pm

TYPE OF UNIT

FLOATS towed by vehicle

- Royalty Float
 Specialty/Business Float
 Non-profit Float-Club, School, Scouts

VEHICLES

- Convertible, Truck, Fire Engine, Bus
 Classic Vehicle (1978 or older)
 Radio/TV Station
 Vehicle as float
 Other _____

WALKING PERFORMING UNITS

- Marching Band
 Color Guard
 Junior Unit (Baton, Gymnastics, etc.)
 Musical Unit (Corps, Dance Studio)
 Specialty Unit (Clowns, bikes)
 Other _____

WALKING NON-PERFORMING UNITS

- Political Candidate/Official
 Club (Scouts, Booster Clubs, etc.)
 Business
 Other _____

Do you have Music? Yes ___ No ___

Number of vehicles: Cars ___ Trucks ___
Trailers ___

Line up Space (# of feet) required: _____

Number of people walking _____

If you are a performing unit (Marching Band)
what is your required fee? _____

There is a very limited budget for band units. The parade committee will consider your request and contact you upon receipt of application.

Unit Information

Unit Name: _____

Contact Person: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number _____

E-mail address: _____

Special needs: _____

Parade Fees

Fee: \$55
Political Entrant: \$75

No fee for the following:
Current Elected Official,
Visiting Royalty, Non-
Profit Organizations

Payable to Tower Days.
All fees must accompany
application.

Parade Rules

- No Throwing or Tossing of Any objects including candy.
- No articles or persons hanging over the sides of floats.
- Political Entrants are limited to 10 walkers and must stay with unit.
- Animal units must provide their own clean up.
- Alcoholic beverages are prohibited.
- Parade held rain or shine.
- Must be at staging area no later than 6:00pm

Application continued on backside

Please complete this application form no later than May 14, 2025 4:00pm

Vehicle Insurance Information

Insurance information must be submitted by parade day.

Insurance Company _____ Policy No. _____

Agent's Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Driver's Full Name _____

License No. _____ State _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Vehicle Insured Make _____ Model _____ Year _____

Plate Number _____ Expiration Date _____ Color _____

Your Script Info for Cable Announcers

NAMES OF UNIT PARTICIPANTS

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

PLEASE PRINT or attach description of your unit and any special information (i.e. past awards, recognition, and interesting facts) you want to share with the audience. If you already have script info typed up, please enclose with your application. Please limit to 150 words or less.
