

The General Festival Committee cordially invites your organization to participate in this year's festivities. This marks our 97<sup>th</sup> year as *Halloween Capital of the World™* and we are busy getting ready for our celebration. A list of all of our events can be found on our website at anokahalloween.com.

Attached to this letter you will find separate applications for our parades. If you are requesting to participate in each event you must fill out both. Each application is reviewed separately.

## DEADLINE FOR BOTH PARADES: SEPTEMBER 15<sup>TH</sup>, NO EXCEPTIONS

Applications will be processed using a lottery system by the Anoka Halloween committee. Exceptions will be made for our designated community partners and sponsors. Anoka Halloween Inc. reserves the right to decline or refuse any application. Applications must be mailed. No email entries will be accepted. **Acceptance and denial notification no later than October 1**st.

Below are the following parade participation guidelines:

- Creativity required.
- NEW for 2017 Grand Day Pararde---NO CANDY allowed due to safety concerns.
- No blood, gore or violent Halloween themes allowed. This is a kid friendly parade.
- **No** political groups or political campaigning allowed in or on parade route.
- Traditional trucks or cars will not qualify as a parade entry.
- No RV's, Buses or Enclosed trailers.
- Walking groups limited to 25 people. Reminder this is a fast paced parade and over a mile long.
- Anoka Halloween does not provide vehicles.
- Float length no more than 30' long and 13'5" tall. Combined total for pull vehicle and float no more than 55' long.
- No animal pickup provided.
- Alcohol prohibited in all parade areas.
- No handouts or candy for the Light Up the Night Parade.
- Light Up the Night Parade floats must be illuminated.
- Photo or Pencil sketch of float required with application.
- Proof of Insurance required. Clear copies of policy or card are acceptable.

Thank you for your interest in our festival and we look forward to celebrating with you in October!

Happy Halloween, Liz McFarland Parade Chair Volunteer Organization

## LIGHT UP THE NIGHT PARADE SATURDAY, OCTOBER 21, 2017 7:00PM

\*Non-Royalty Application/Business/Non-Profit \*

| ORGANIZATION NAME   |
|---|
| MAIN CONTACT NAMEEMAIL (required)                                       |
| ADDRESS   |
| CITYSTATEZIP  |
| MAIN CONACT PHONE #   |
|   |
| UNIT DESCRIPTION (CHECK ONE):   |
| □FLOAT □WALKERS □NOVELTY □ANIMAL NUMBER OF PEOPLE NUMBER OF ANIMALS     |
| *No Candy or Handouts allowed for Light Up the Night Parade             |
| MUSIC (CHECK ONE):  |
| □ NONE □LIVE □RECORDED NAME OF SONG:                                    |
|   |
| FLOAT OR NOVELTY INCLUDE WITH APPLICATION (CHECK ONE):   □PHOTO □SKETCH |
| MAIL COMPLETED APPLICATION TO:  |

\*NO PARTICIPATION FEE FOR THE <u>LIGHT UP THE NIGHT PARADE</u>

## GRAND DAY PARADE SATURDAY, OCTOBER 28, 2017 1:00 P.M.

\*Non-Royalty Application/Business/Non-Profit \*

| ORGANIZATION NAME                         |                                |
|---|--------------------------------|
| MAIN CONTACT NAME                         | EMAIL (required)               |
| ADDRESS                                   |                                |
| CITYSTATE                                 | ZIP                            |
|   |                                |
| UNIT DESCRIPTION (CHECK ONE): □ FLOAT     | T   WALKERS   NOVELTY   ANIMAL |
| NUMBER OF PEOPLE                          | NUMBER OF ANIMALS              |
| FLOAT LENGTH (INCLUDE TOW VEHICLE)        | WIDTHHEIGHT                    |
| *NO CANDY ALLOWED FOR 2017 GRAND DAY PAI  | RADE DUE TO SAFETY CONCERNS    |
| MUSIC (CHECK ONE):                        |                                |
|   | F SONG:                        |
| FLOAT OR NOVELTY INCLUDE WITH APPLIC      |                                |
| *INFORMATION ABOUT YOUR GROUP FOR TELEV   | VISION ANNOUNCERS:             |
|   |                                |
| PAYMENT \$75.00 ENTRY FEE (CHECK          | ONE)   UVISA   MASTERCARD      |
| NAME ON CARD                              |                                |
| CARD NUMBER                               | CSC CODE EXP DATE              |
| SIGNATURE                                 |                                |
| PLEASE CHECKS PAYABLE TO: ANOKA HALLOWEEN |                                |

MAIL COMPLETED APPLICATION TO: ANOKA HALLOWEEN, INC. P.O.BOX 128 ANOKA, MN 55303