

**KEEP THIS LETTER FOR FUTURE REFERENCE AS THERE WILL
BE NO FURTHER COMMUNICATION**

Summer 2010

Dear Parade Participant:

The Cedarville Area Chamber of Commerce and the Village of Cedarville cordially invite you to be a part of our Cedar Fest Parade on Labor Day, September 6, 2010. With your help, we sincerely hope to make this Parade even bigger and better than previous years. **Please fill out the attached Parade Registration Form and return it by August 20, 2010, so that we may assemble the final parade package.**

Please send your completed Parade Registration Form to David Baits, P.O. Box 45, Cedarville, OH 45314-0045. If you have any questions, please call me at work (937) 766-6000 ext. 101 or home (937) 372-4208. A self-addressed, stamped envelope is enclosed for your convenience. Thank you for your prompt response to this request.

Sincerely,

David F. Baits
Parade Chairman

GENERAL INFORMATION

1. Labor Day, Monday, September 6, 2010.
2. **11:00 to 12:30 p.m. Parade Line-up Time.** Please be prompt! Line-up will be in the Cedarville University parking lots on College Avenue, next to the Engineering & Nursing Buildings. Please enter through the intersection of College and Main Streets.
3. **1:00 p.m. -Parade Start Time.** You must be in position and ready to move out by **12:50 p.m.** at the latest.
4. Parade Route will begin on College Avenue, proceed south on Main Street, then east on East Street. East Street is the street where the Community Park is located.
5. **Registration and description forms are due back no later than August 20, 2010.**
6. The Cedarville Police Department has requested that if you plan to distribute candy or other such small items, that it be handed rather than thrown to people in the crowd. This is a safety concern due to children running into the parade's path. **Additionally, motorized vehicles can only be driven by licensed individuals who are 18 years of age or older.**
7. If parents will be dropping off children for the parade, please have them park at Cedar Cliff Schools and walk their children to the parade staging area.
8. Contact David Baits if you have any questions. Work: (937) 766-6000 ext. 101 or Home: (937) 372-4208 (Leave a message on the answering machine if there is no answer.)

Enjoy our beautiful small town - Join us for the festivities.

2010 PARADE REGISTRATION FORM

Return to David Baits, P.O. Box 45, Cedarville, OH 45314-0045

Phone: (937) 766-6000 ext. 101 or (937) 372-4208

_____ Yes, I/we will be taking part in the Cedar Fest Parade on September 6, 2010.

_____ No, I/we will not be able to attend this year but would like to be asked for next year.

_____ No, I/we will not be able to attend and would like to be off your mailing list.

If you answered YES above, please indicate how many units you will be bringing to the parade.

Examples: 1 Car = 1 unit A Group of people = 1 unit
 1 Band = 1 unit 1 Unicycle = 1 unit
 1 Float = 1 unit A Color Guard = 1 unit

I/we will be bringing _____ unit(s) to the parade. Phone: _____

E-mail address _____

Our announcers need a description of your unit(s) so that you will be properly recognized for your support and participation in the parade. Please write a complete and accurate description of your unit(s) in the space(s) provided below. Please use a separate sheet of paper for additional units.

Unit Description

Title/Name of Unit _____

Description _____

Title/Name of Unit _____

Description _____

PARADE RELEASE FORM: In signing this release for myself or the named unit(s), I acknowledge that I have read and understand that the Village of Cedarville, The Cedarville Area Chamber of Commerce, and all other organizations, sponsors, and volunteers involved in this event, including their officers, members, employees, contractors, heirs and assigns, are not insurers of my (our) personal safety during the parade. I thus agree to hold them harmless from any liability arising from having sustained a property loss, damage, or personal injury because of negligence in participating in, sponsoring, or arranging this event. I hereby consent to and permit emergency medical treatment in the event of injury or illness. I shall practice safety at all times and obey all applicable regulations.

Signed _____ Name Printed _____ Date _____

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