



2025 Independence Day Parade Unit-Contract

This form must be returned
NO LATER than May 16, 2025

Name of Unit or Organization _____

Contact Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Daytime Phone: _____ Cell Phone: _____

Requested Fee: _____

Force Majeure: No Party to this Agreement shall be responsible for the non-performance of its obligations under this Agreement if such non-performance is caused [directly or indirectly] by acts of God, acts of civil or military authority, COVID-19, civil disturbance, war, terrorism, fires, or strikes. The Party so affected shall give notice to the other Party and shall do everything reasonably possible to resume performance.

Signature of responsible party: _____

All units must be self-insured. Please submit proof of insurance when returning this application.

**NOTE: Please include all vehicles that will be part of your unit when estimating total length.
We allocate space in the staging area based on your length estimate.**

Type of Unit:

() Marching Band; Indicate Number of Members _____ Bus to follow (Yes/No) If so, length _____

() Musical Unit, Other, describe: _____

() Float; Indicate Length of Unit _____ ft.

() Other, please describe/include unit length: _____

**The Austin Chamber will send you confirmation of your entry & fee.
Payment will be made by check at the start of the parade.**

Please return this form to:
Austin Chamber of Commerce
329 N. Main Street, Suite 102
Austin, MN 55912

FOR OFFICE USE ONLY:
Date Received _____
Approved: _____ Rejected: _____
Check No. _____ Proof of Insurance _____
Parade Unit Number _____