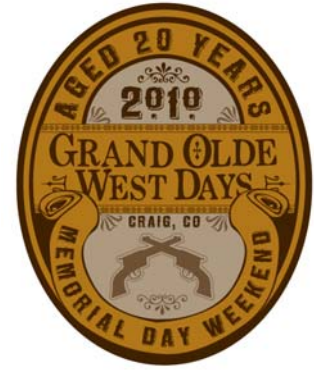




The Craig Noon Lions Club
Grand Olde West Days Parade 2010
Parade Information Rules and Entry Form



THEME: AGED TO PERFECTION

The Craig Noon Lions Club invites you to participate in the 2010 Grand Olde West Days Parade. **The parade will begin Saturday, May 29 at 2:00 PM.** Your participation is welcomed and appreciated.

All participants must sign the attached agreement form .

General Rules

1. All entries are encouraged to follow the theme of the parade.
2. Pre-registration is appreciated. **All entries must sign completed entry form.**
3. **Entries must be in staging area no later than 1:30 PM.**
4. Start Time: 2:00 PM
5. **Throwing candy from any entry is prohibited** by the Craig Police Department for the safety of children (who run into the street to gather thrown candy). *Candy is allowed only if participant walks alongside route.*

STAGING AREA: Lion's Club officials will be at the Craig Middle School parking lot for check in. Line up will begin at 1:45 PM.

ROUTE:

Parade will proceed South on Yampa Avenue to Victory Way;
West on Victory Way to Ledford (Sunset Meadows)
North on Ledford to Eighth Road (Sandrock Ridge Care
Facility) end of parade
(East on Eighth Road to Eighth Street and back to beginning
point)

RETURN ENTRY FORM TO:

Attention: Karen
Community Budget Center
555 Yampa Avenue
Ph: 824-7898 / Fx: 824-6485

NOTICE

THERE IS ABSOLUTELY **NO THROWING OF CANDY** FROM ANY MOVING ENTRY. WALKING ALONG SIDES OF THE STREET IS ALLOWED. PLEASE DISTRIBUTE CANDY BY WALKING THE PARADE ROUTE SO WE DO NOT HAVE ANY ACCIDENTS DURING THE PARADE. **T H A N K Y O U .**

Please keep page one for reference and complete and return page two to register your entry.

ENTRY FORM

**Craig Noon Lions Club
Grand Olde West Days Parade 2010
THEME: AGED TO PERFECTION**

Date _____ Name of Group or Organization _____

Contact Person _____

Phone _____

Mailing Address: _____

Title and Description of Entry: _____

We plan to distribute candy or other items NO YES

We understand that there is to be **NO THROWING** of any item from the moving entry and will adhere to that safety rule.

SIGNATURE OF RESPONSIBLE PARTY _____

RETURN COMPLETED AND SIGNED FORM TO:

Community Budget Center
555 Yampa Avenue
Ph: 824-7898 / Fx: 824-6485