



*45<sup>th</sup> Annual*  
**MLK Day Parade Band Participation Form**

# \_\_\_\_\_

Name of Band: \_\_\_\_\_

Name of Director(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

School/Band website: Email: \_\_\_\_\_

# of Band Members \_\_\_\_\_  
 # of Majorettes \_\_\_\_\_  
 # of Flag Bearers \_\_\_\_\_  
 # of Drill Team Members \_\_\_\_\_  
 # of Other Marchers \_\_\_\_\_  
 # of Total Participants: \_\_\_\_\_

**RELEASE OF LIABILITY:**

I hereby release and hold harmless the Dr. Martin Luther King Parade & Festivities Committee, Inc., of all damage, theft, and personal injury that may occur to or as a result of any parade participant before, during, and after the parade.

\_\_\_\_\_  
 Name of Band

\_\_\_\_\_  
 Signature of Band Director or School Principal

**Return this completed participation form by January 3, 2022** either :  
**In Person:** MLK Office (open 11/1/21): **Haynes Security Services: 7900 NW 27th Ave. #E-239A, Miami, FL 33147**

or

**By Mail:** Dr. Martin Luther King Jr. Parade & Festivities Committee Inc.  
 12864 Biscayne Blvd. #436, North Miami, FL 33181

**Information Contact: Cheryal Frazier White (305) 335-6241**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

**Dr. Martin Luther King Jr. Parade & Festivities Committee, Inc.**