



BAND PARTICIPATION

Return to Dr. Martin Luther King Jr. Parade & Festivities Committee, Inc.
Applications being accepted through Monday, **January 8, 2024**.

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 8, 2024 either :**
In Person: MLK Office: **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.

12864 Biscayne Blvd. #436 ▪ North Miami, FL 33181 ▪ (305) 606-2995 ▪ info@mlkparadeandfestivities.org ▪ www.mlkparadeandfestivities.org