

The City of Winona and Winona Main Street cordially invite you to the

# 2017 Winona Christmas Carols

Christmas  
Parade

**MONDAY,  
NOVEMBER  
27TH**



of  
Winona



**FIREWORKS**

Live Nativity  
Scene

**T-SHIRTS \$15**  
Orders Due by  
Nov 3rd

**Parade Entry Forms may be turned in at Winona City Hall, 409 Summit St. For more information on parade entries call or email Tiffany Everett at 662-283-1232 or [tiffany\\_everett@winonams.org](mailto:tiffany_everett@winonams.org) or June Williams 662-283-1232 or [cityclerk@winonams.org](mailto:cityclerk@winonams.org). All floats must conform to theme in order to be considered for a prize.**

**All parade entries must enter the parade line-up at Mission Road. No entries will be allowed to enter at Summit Street and Hwy 51.**





# 2017 Winona Christmas Parade

## Monday, November 27th at 7PM



# Christmas Carols of Winona



Group or Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Title of Parade Entry: \_\_\_\_\_

Please give a description of your entry for the commentators to read as your entry passes by the judge's booth.  
**NOTE: YOUR FLOAT MUST CONFORM TO THE THEME IN ORDER TO BE CONSIDERED FOR A PRIZE.**

\_\_\_\_\_

\_\_\_\_\_ Float \_\_\_\_\_ Trailer Length \_\_\_\_\_ Type of Vehicle Pulling Trailer

\_\_\_\_\_ Decorated Vehicle \_\_\_\_\_ Type of Vehicle

\_\_\_\_\_ ATV(Polaris/Gator/4-Wheeler) \_\_\_\_\_ Number of ATVs

\_\_\_\_\_ Walking/Marching/Equestrian \_\_\_\_\_ Number of People Walking/Marching/Equestrian

**IMPORTANT: ALL PARADE ENTRIES MUST ENTER THE PARADE LINE-UP FROM MISSION ROAD  
NO ENTRIES WILL BE ALLOWED TO ENTER AT SUMMIT ST. AND HWY 51.**

**Waiver & Release:** I agree to comply with all rules and regulations governing the Winona Christmas Parade. I further agree that my organization/individual(s) shall hold harmless and indemnify Main Street, the City of Winona, and their representatives, successors, agents and employees from any liabilities, injuries, or damage of any kind including but not limited to attorney fees and other costs.

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Please complete the form above and submit one of the following ways:

Hand Delivered To:  
Winona City Hall  
409 Summit St.  
Winona, MS 38967

-OR-

EmailTo:  
[Tiffany\\_everett@winonams.org](mailto:Tiffany_everett@winonams.org)

