



43rd Annual Graceville Harvest Festival

Parade Registration Form

Saturday, October 17, 2026

Lineup Beginning 8:00 am
Roll 9:00 am

Deadline for application submission – Wednesday, October 14 , 2026

Name: _____ **Organization:** _____

Address: _____

Phone: _____ **E-mail:** _____

Type of Unit (Car, Float, Band, Horses, Etc.) _____

Number of 20 ft. Spaces needed: _____

Line up begins at 8:00 am and the parade rolls at 9:00 am. Lineup will be on Sanders Avenue beginning at the intersection of College Drive and Sanders Avenue. Participants will line up on a first come basis. **Walkers and Horses MUST line up at the back of the parade line up, in the area of Heritage Village .** From the intersection of College and Sanders the parade will travel west on Sanders Avenue to Cliff Street taking a right turn on White avenue to Brown Street. The parade will travel south on Brown Street to 4th Avenue at which time the parade will end.

All participants and observers are encouraged to join in the festival at the Factory Stores of America on Highway 77 South for arts and crafts, food, entertainment, and more.

Please complete this form, sign the release indemnification form and return to City Hall, 5348 Cliff Street, Graceville, Florida 32440 or fax to (850) 263-7387.

RELEASE INDEMNIFICATION FORM

We (I) _____ agree to be responsible for and to indemnify and save the City of Graceville harmless from any and all liability, claims, damages, losses, expenses, and counsel fees whether or not the same results in whole or in part from the negligence of the City of Graceville with respect to: (a) personal injury, death, or damage to property arising out of the use, misuse, and occupancy of the used premises by occupant, its agents, employees, customers, visitors, or invitees, or (b) participants failure to perform it obligations under this agreement. We (I) also agree to be responsible for any and all damages to the occupied premises, building or and the City of Graceville caused by any act or neglect by participant, its agents, employees, customers, visitors, or invitees. I agree to all terms and conditions of this application.

Name of Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

(Second Signature if needed)

Signature: _____ Date: _____

Complete Parade form, sign Release of Indemnification form and return to:

City of Graceville
P O Box 637
5348 Cliff Street
Graceville, FL 32440

For more information, please contact Graceville City Hall at 850-263-3250

Thank you for participating in the 43rd Annual Graceville Harvest Festival.