



2023 Hal's St. Paddy's Parade Participant Registration

Saturday, March 25 • Downtown Jackson

Float / Krewe Title: _____

Contact Person: _____

Email: _____ Main Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Have you participated before? (please circle): Yes No

Total Participants _____

Names and Emails of Point People:

Float Information:

Number of People on Float: _____ Name of Driver: _____

Type of Pull Vehicle: _____ Type of Trailer: _____

Trailer Length: _____ Trailer Height: _____

Materials for Skirting: _____ Materials for Railing: _____

What will be on your float? _____

Types of throws: _____ Doing a skit? (please circle) Yes No



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Liability Insurance Information

*You will not be admitted to the parade unless you provide proof of liability insurance for your pull vehicle.
You should be prepared to show proof of liability at check-in.*

Name of Insurance Company? _____

Name of Insured: _____ Policy Number: _____

Check below for registration category:

Walking Group: \$150

Business: \$350

Individual / Non-Profit: \$300

Political Candidate: \$400

Payment method (please circle): Cash Check Online (www.halsstpaddysparade.com)

Please make checks payable to: **Hal's St. Paddy's Parade Fund**

Cash and check payment can be delivered to Hal & Mal's during business hours

Completed applications can be emailed to halsstpaddys@gmail.com or delivered to Hal & Mal's

Hal & Mal's: 200 Commerce St. Jackson, MS 39201

Mandatory Agreement for Applicants:

I have read the above rules and regulations and do hereby agree to meet those specifications as prescribed by the Rules and Regulations Committee and the Jackson Police Department. I understand that if my float or entry does not comply with the specifications set forth, then I will not be accepted for participation in the parade and will forfeit my entry fee. For good and valuable consideration, I, the undersigned, for myself, successor, heirs and assigns, Release and Forever Discharge the parade sponsors, University of Mississippi Medical Center, the City of Jackson, the Hinds County Sheriff's Department, their employees, agents or assigns, from all claims, causes of action or judgments I may have or claim to have, for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my involvement with the Hal's St. Paddy's Parade and Festival.

Signature: _____

Date: _____

Print Name: _____