

PARADE ENTRY REGISTRATION FORM

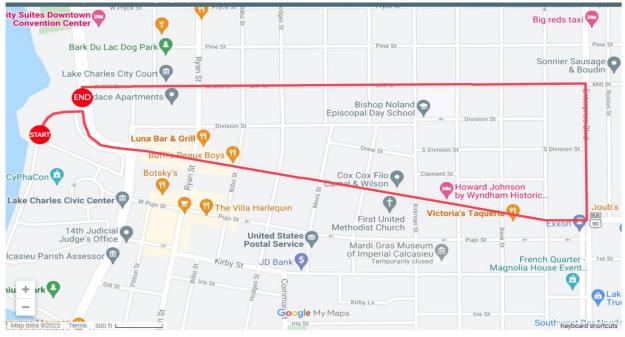
Entry Form

RHO CHI Chapter of OMEGA PSI PHI FRATERNITY INC. would like to invite you to participate our 57th Annual Mardi Gras Parade on Saturday, **February 10, 2024** at **2:00 pm**. The Krewe of Omega was formed in 1970 by Joseph Moffett Jr. and its purpose is to provide social activities for the young and elderly. Krewe of Omega was formed to bring Mardi Gras activities to the black community! We are the first and oldest Southwest Louisiana Krewe to hold its own parade. We are excited to continue this event for Lake Charles and surrounding areas. Those groups and /or individuals participating can begin lining up at the civic center at **10:00 am**.

All parade entry vehicles must have parade decal visible to qualify for entry into the parade.

Parade Route:

Start on the Northside of Civic Center to Broad St. heading east to Enterprise Blvd, left on Enterprise to Mill St., left on Mill St. back to Civic Center.



KEEP FOR YOUR RECORDS

PARADE RULES AND LIABILITY WAIVER

The following guidelines help ensure the quality and safety of the parade and allow as many organizations as possible the opportunity to participate. Read carefully and abide by the rules!

- 1. Entrants must display lineup decal on the dash of vehicle.
- 2. All entries must enter the parade lineup area following instructions.
- 3. Any generators used for power cannot be setup inside of an enclosed vehicle.
- 4. Riders on floats cannot get on and off of the float during the parade at any time.
- 5. All entries with children must have adults riding/walking with them throughout the entire event.
- 6. Walkers alongside vehicles must walk at least 10 feet from the side of vehicle.
- 7. Each motorized vehicle must carry insurance and be operated by a licensed driver.
- 8. No one will be allowed to ride on the hood or roof of any vehicle.

Entries must observe all applicable rules and regulations and follow all instructions from police and parade officials. OGLC has the right to remove any entrant from the parade, either prior to assembly, at assembly, or at any time during the parade if the entrant fails to follow parade rules or does not display standards of reasonable public taste as determined by the parade staff.

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1. CONTACT INFORMATION:

Organization Name(s) _____

Name: _____

Cell # for parade-day contact in lineup area: ______

2. ENTRY CATEGORY: (Circle ALL that apply)

Please make all money orders payable to <u>RHO CHI Chapter of OMEGA PSI PHI FRATERNITY Inc</u>. If any further information is needed, please contact your local Omega. *RhoChiques* on Instagram. You can also email your entry form to <u>RhoChiKRS@gmail.com</u>. Cash app and Venom payments are accepted at: \$rhochi1955 @OGLC-OGLC *Please send note (name and number) along with payment!*

** School Marching Bands/Groups** (Free Entry)							
\$90	\$35	\$40	\$35	\$50			
Floats	ATVs	Cars/Truck	Side by Side	Truck w/Trailer or Dance group			

No Horses

3. LIABILITY WAIVER:

In consideration of your accepting my entry, I hereby, for myself, my child and all participants of my entry, my heirs, executors and administrators, waive and release any and all rights and claims for damages I, my child, or entry participants may have against OGLC and its representatives, successor and assigns for any and all injuries suffered by myself of my child or entry participants at any activity sponsored by these groups. I have read in its entirety the general rules and the entry guidelines for participating in the RHO CHI Chapter of OMEGA PSI PHI FRATERNITY Mardi Gras Parade and agree to full responsibility for the compliance of this entry and all participants associated therewith, and for any liability inherent with this entry's participation.

I understand that if I fail to comply with all the guidelines and rules for participation that my entry will be removed from the parade lineup. I understand that an electronic signature has the same legal effect and can be enforced the same way as a written signature. By checking this box and typing my name below, I am electronically signing my application.

Authorized Representative Signature:	 Date:

Office use:

Date Payment Received:_____

OGLC N	Member:
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RETURN THIS FORM WITH PAYMENT