

# MADISON COUNTY HIGH SCHOOL

2649 West US Highway 90 • Madison, Florida 32340 • 850-973-5061 • Fax 850-973-5066

**Geraldine Wildgoose, Principal • Jada Williams, Assistant Principal  
Bill Hightower, Administration •**

## **MCHS Homecoming Float Application 2018**

All participants (school and non- school) must complete the following application form:

If participants (floats, cars, etc.) are not MCHS related, a \$20.00 cash entry fee (cash only) will be assessed. All floats are subject to approval. **Please provide the following information and turn in the completed form to the:**

**MCHS Main Office before Thursday, October 4, 2018**

If you have any questions or concerns please contact, Bill Hightower, MCHS SGA Sponsor at (850) 973-5061 or please e-mail at:  
william.hightower@mcsbfl.us

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Type of float/vehicle/description: \_\_\_\_\_

Each float will be assigned a parade route number. Any special float needs or request (example: Need to be in front or behind another parade participant) will be taken into consideration, but not guaranteed.

(\_\_\_\_\_)

For Office Use: \_\_\_\_\_ free (school related) \_\_\_\_\_ paid \$20.00

Detach Here

## **Receipt for Participants - MCHS 2018 Homecoming Parade Friday 10/5/2018**

**Participants need to report to College Drive for line-up STARTING at 9:00a.m...**

**The parade will start at 10:00 a.m. College Drive will be one-way traffic from approximately 8:00a.m.-11:00a.m... Traffic will move only from West to East, i.e. from the Madison County Library toward O'Neal's Restaurant.**

**For the safety of our students and community,**

**Please do not "throw" candy or toys from your float/car/truck/etc.**

**All floats and or vehicles are subject to approval and can be removed from the parade without refund at any time.**

**By registering you acknowledge this documents policies and procedures regarding registration, participation and safety.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check One: \_\_\_\_\_ \$20.00 Cash Paid or \_\_\_\_\_ free (MCHS Related)