YORKTOWN WESTERN DAYS ASSOCIATION, INC.

P.O. Box 488 141 South Riedel Street Yorktown, TX 78164
(361) 564-2661 Office (361) 564-2518 (361)649-1094

SPONSORED BY BETTY BURDA

40th YORKTOWN WESTERN DAYS CHILDREN'S PARADE

THEME – ***"Adventures in Outer Space"***
DATE - Saturday, October 17, 2020
TIME - 4:00 P. M.
PLACE - 100 Block S. Riedel Street
AGES - 3 years through 12 years – **Must be 3 years old by October 5, 2020**

Please consider joining us for the 40th Annual Western Days Children's Parade. One of Yorktown Western Days biggest traditions.

The Parade will start at Yorktown Chamber open lot and finish at the Post Office. Be at the Open lot at 141 S. Riedel for **judging which will begin promptly at 3:30 P.M. through 4 P.M. Please be in line and ready by this time.** Please fill out the entry form and come join the fun! **Free T-shirts to participants who turn in their entry & re-lease form before October 7, 2020. No guarantee on sizes and availability after deadline.**

PRIZES to be determined. **Please note-NO POWERWHEELS (for safety reasons we will not allow these due to battery failure because of length of parade, no exceptions). NO motorized entries like mini-bikes, riding lawnmowers, or go-carts will be allowed. NO pets! NO Glass Items or Bottles Allowed! Bicycles, scooters, homemade float platforms, wagons or simply walking are encouraged. No gory entries.**

Social Distancing will be practiced.

40th YORKTOWN WESTERN DAYS CHILDREN'S PARADE ENTRY FORM

Child's Name_____ Age ____ Child's Name_____Age____
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Child's Name_____ Age ____ Child's Name_____Age____

Single Walking_____Group Walking_____Single Float_____Group Float_____

I give permission for my child to participate in the Western Days-Children's Parade. I agree to indemnify and hold harmless the Yorktown Western Days Association, Inc., Yorktown Chamber of Commerce & Ag., Inc., Yorktown Economic Development Corporation, the City of Yorktown and any/ all sponsoring organizations, advisors, chaperones, volunteers and release them of all liabilities. If a medical emergency arises, I hereby give my permission to place my child under the care of a doctor and/or hospital for medical treatment.(MUST Include signature of each parent with participating child and name of child)

Please check T-shirt size: **(t-shirt guaranteed if entry form returned by October 7, 2020)**

Youth X-Small _____Youth Small_____ Youth Medium _____ Youth Large _____ Adult Small _____ Adult Medium _____

Signature-Parent/Guardian_____ **Date** _____
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