



OPENING MARCH APPLICATION CHEEKTOWAGA POLISH AMERICAN ARTS FESTIVAL | 2023

CPAAF JULY 28 - 30, FRIDAY - SUNDAY

YOUR DETAILS

MARCH PARTICIPANT INFORMATION (TITLE)		
FAMILY AND OR ORGANIZATION NAME		
CONTACT FULL NAME		
MAILING ADDRESS		
NO. OF PEOPLE IN YOUR GROUP	PHONE NUMBER	EMAIL ADDRESS

OPENING MARCH DETAILS

THE OPENING MARCH WILL BEGIN AT 5PM SHARP ON FRIDAY, THE TWENTY-EIGHTH [28TH] OF JULY, 2023 FREE CHECK-IN: BY THE ICE RINK ON RIDGE PARK AVE. CHECK-IN BEGINS AT 4P.M. CHECK-IN ENDS PROMPTLY AT 4:50 P.M.
ENTER RIDGE PARK AVE. VIA GREENLEAF LANE, STRALEY AVE. OR WALDEN AVE. OR THROUGH MAIN PARK ENTRANCE ON HARLEM RD. PARK YOUR VEHICLE IN THE LOT BY THE ICE RINK, OR IN THE FREE PARKING LOT FOR FESTIVAL ATTENDEES.
FAMILIES, ORGANIZATIONS AND BUSINESSES ARE ENCOURAGED TO PARTICIPATE
PLEASE EMAIL COMPLETED APPLICATION BY MONDAY AT 5PM, JULY 24TH, TO: WLHIGGINS@LIVE.COM FOR MORE INFORMATION CONTACT: WENDY HIGGINS (716) 880-9325

LIABILITY RELEASE AND DETAILS

I AGREE THAT I AM OVER THE AGE OF 18 AND ON BEHALF OF _____ TO INDEMNIFY AND HOLD HARMLESS, POLISH AMERICAN CONGRESS WNY DIVISION (NAME OF ORGANIZATION) TOWN OF CHEEKTOWAGA IT'S SPONSORS, IT'S OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS AND REPRESENTATIVES FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF/MY PROPERTY IN ANYWAY RELATED TO MY PARTICIPATION IN THIS PROGRAM. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE, TOWN OF CHEEKTOWAGA AND THE POLISH AMERICAN CONGRESS WNY DIVISION IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
PRINTED NAME	

THANK YOU FOR YOUR PARTICIPATION

SEE YOU AT THE FESTIVAL.
