



PARADE OF HEROES (POH) APPLICATION

C O N T A C T

Your Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Telephone: _____ Mobile: _____

C O S T U M E

Costume Title: _____

Character Name: _____

** If a recreation, what company owns this character's likeness:*

Costume Designer: _____

Made By (if different from Designer): _____

Reason for choosing this character: _____

Character bio / info you would like the MC to read while you parade:

(Please check appropriate boxes.)

Origin: ✓ One

Original Costume

Recreation *

(See costume section)

Theme: ✓ One

Science Fiction

Superhero

Fantasy

Historical

Horror

Humorous

Dominant Colors: ✓ Two

Black

Blue

Brown

Green

Gold

Grey

Orange

Purple

Red

Silver

White

Yellow

Multi



PARADE OF HEROES (POH) RELEASE

Release for Adults / Participants 18 and Over

Entry Title: _____

I have read and understand the rules of the ECBACC POH and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC POH Director or Committee. Additionally, I agree to hold the ECBACC, ECBACC POH organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during the course of this parade, except in cases of gross negligence on the part of those cited above.

Print Name: _____ Signature: _____

Date: _____

Release for Minors / Participants Under 18

Entry Title: _____

I, being the parent/legal guardian of _____ [name of minor], on behalf of said minor, have read and understood the rules of the ECBACC POH and agree to abide by all of them. Further, I agree to permit photography and/or video recording and also agree to permit the use, sale, and/or dissemination of said photographs and/or video recordings subject to permission from the ECBACC POH Director or Committee. Additionally, I agree to hold the ECBACC, ECBACC POH organizers and all agents, assignees, and participants of ECBACC blameless for any accident and/or injury suffered by me during the course of this parade, except in cases of gross negligence on the part of those cited above.

Print Name: _____ Signature: _____

Legal Guardian of: _____ Date: _____

Mail all applications including required photos of your entry to:
ECBACC / Parade of Heroes PO Box 34059, Philadelphia, PA 19101