



west indian/american day
Carnival Association inc.

Tel: (718) 467-1797 Fax: (718) 778-1808

OFFICE: 323-325 Rogers Ave., Brooklyn, New York 11225

MAILING ADDRESS: P.O. Box 130192, St. Johns Place, Brooklyn, New York 11213

RULES AND REGULATIONS
WALKING IN THE PARADE

1. All organizations must submit a complete list of everyone who will be participating in the New York Caribbean Carnival Parade with their name, address and telephone number along with this application.
2. **All groups will be charged a basic registration fee** (please see below). Only 50 persons per group (unless otherwise authorized). A charge of \$1.00 per participant will apply for each additional person after the authorized 50 persons per group. Please include these additional fees in the money order you submit with this application no later than **Friday August 28th, 2015**.
3. All participants must promote the Caribbean and American heritage, culture and pride with the exception of participants representing other cultures.
4. All participants must reflect respect for general public decency and moral values, including the dress code of a professional or cultural nature.
5. All participants must refrain from the use of profane or offensive language, symbols or gestures.
6. **NO THIRD-PARTIES** will be allowed to march with original group that signed on the Application.
7. All participants must adhere to the instructions of parade coordinators during the parade.
8. There will be no throwing of items to parade views from participants.
9. No motorcycles or vehicles will be allowed with walking participants.



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REGISTRATION FORM

Name of Group: _____

Number of parade participants: Children _____ Adults: _____

Category/Type of Organization (check the one that best apply):

Business ___ Not-For-Profit ___ Government ___ Military ___ Union ___ Non-Affiliated Community Group ___

Contact for Registration, Fees and other clerical mailings:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Historical Data. Please describe your group, its mission and years participating in the New York Caribbean Carnival. This will help us accurately describe and represent your organization.

Will your group be wearing uniforms or costumes? If so, please describe it:



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AGREEMENT & RELEASE FORM

I hereby acknowledge that I have read the rules and regulations of the West Indian American Day Carnival Association Inc. as it relates to the New York Caribbean Carnival.

I am making a commitment to obey the rules and regulations as specified. I understand that the parade or its designee may expel any participant on the day of the parade for cause, including but not limited to failure to follow the directions of Parade Staff.

I understand that if our participation should be cancelled due to violation of the above directives, the Parade Organization **Shall Not** return our registration fee. I hereby grant permission to the West Indian American Day Carnival Association, Inc. and those authorized by the Parade to interview, secure media statements, design printed materials (including social media websites), photograph, film, videotape, audio record or use other means of capturing my image or voice, to use my own and my group's image, voice and statements for all Parade related events, activities and promotions.

Organization Authorized Signature

Date

WIADCA Official Signature

Date



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REGISTRATION FEES ACCORDING TO YOUR TYPE OF ORGANIZATION:

- Business:..... \$1500
- Not-For-Profit with Income of (\$0-\$50,000.00) \$200
- Not-For-Profit with Income of (\$50,000.00-\$100,000.00)..... \$400
- Not-For-Profit with Income of (\$100,000.00-\$300,000.00)..... \$500
- Not-For-Profit with Income of (\$300,000.00-\$500,000.00) \$600
- Not-For-Profit with Income of (\$500,000.00-More): \$800
- Government, Military, or Unions:..... \$300
- Non-Affiliated Community Group: \$200