



TOWN OF LOWELL PARADE OF LIGHTS APPLICATION

SATURDAY DECEMBER 6TH 2025@ 5PM

PLEASE RETURN TO TOWN HALL 501 E. MAIN ST. BY NOVEMBER 21ST

NAME OF ENTRY:

CONTACT NAME:

ADDRESS:

PHONE:

E-MAIL:

PLEASE LIST THE TYPE OF VEHICLE, MAKE/ MODEL AND EXACT LENGTH, INCLUDE
NUMBER OF WALKERS, ATV, ETC. THAT WILL PARTICIPATE.

PLEASE NOTE THAT THIS IS VERY IMPORTANT TO BE ACCURATE SO WE CAN ACCOMMODATE YOU ON PARADE DAY
WE ASK THAT YOU **DO NOT** HAVE A SANTA OR GRINCH IN THE PARADE.



WILL YOUR FLOAT HAVE MUSIC Y / N

WAIVER OF LIABILITY (MUST BE SIGNED)

I, THE UNDERSIGNEE AS A GROUP REPRESENTATIVE, RELEASE THE TOWN OF LOWELL AND ALL OF ITS
EMPLOYEES FROM ANY LIABILITY FOR ANY CLAIMS, ACTIONS THAT MAY OCCUR DURING THE PARADE OF
LIGHTS.

SIGNED: _____ DATE: _____

TO RECEIVE UPDATES AND
REMINDERS REGARDING THE
PARADE PLEASE JOIN

REMIND.COM/JOIN/LPOL2025

