



2025 Holiday Parade Entry Form

Saturday, November 22, 2025 at 9:00 A.M.

Juried Float Parade

Company / Organization: _____

Contact Name: _____

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

May we contact you by e-mail for future events? Yes _____ No _____

PLEASE REMEMBER THAT THE MALL HAS AN EXCLUSIVE ON SANTA

Float Category:

_____ Organization Float _____ Mobile Unit* _____ Other (Please Specify)

_____ Equestrian Unit** _____ Commercial Float _____

_____ Color Guard _____ Marching Unit _____

Will there be music on your float? Yes _____ No _____

*All entries must indicate the number of vehicles you are entering in the parade.

**All equestrian entries must have pooper scoopers.

Description of float or other points of interest regarding entry: This information will be provided to those broadcasting the parade. Please attach a separate sheet of paper if additional space is needed. The name of the organization or company responsible for the float should be visible to the crowd and the judges.

General Information:

- ❖ All businesses, non-profits and community organizations are invited to be a part of the Holiday Parade.
- ❖ The Holiday Parade Committee reserves the right to not allow any float or entry into the parade that is deemed inappropriate.

Judging and awards: All float judging will take place as you pass the judges stand at the main Mall Entrance next to the former Garfield's Restaurant. Three prizes total will be awarded. Entries from Organization Float and entries from Commercial Float are eligible for said prizes.

****PLEASE NOTE that all prize winners will be required to fill out a W-9 form prior to distribution of said prize.****

Best of Parade Grand Prize - **\$300** 1st Runner Up - **\$200** 2nd Runner Up - **\$100**

Liability disclaimer: I, the undersigned, am a spokesperson / official for the undersigned company, in the event of any problem resulting from participation in the parade. IT IS UNDERSTOOD and agreed that it is the intent of the undersigned to waive, release and relinquish all claims and action which said undersigned might ever have against the Owners and Management Company arising out of the use of the shopping center premises by said undersigned in connection with above mentioned promotion, and to indemnify and hold Owners and Management Company harmless from any such claims and actions by said undersigned or by any other party. **I have read, understand, and agree to comply with the attached guidelines.**

Spokesperson / Official: _____ Date: _____ /2025

Name of Organization / Company: _____

PLEASE RETURN THIS FORM TO THE SUSQUEHANNA VALLEY MALL PRIOR TO CLOSE OF BUSINESS, FRIDAY, NOVEMBER 14, 2025.

BY MAIL: Susquehanna Valley Mall
Attn: Mall Management Office
One Susquehanna Valley Mall Drive
Selinsgrove, PA 17870

BY E-MAIL: vwhite@spinosoreg.com

BY FAX: (570) 374-4109
Attn: Mall Management