

LABOR DAY 2025

REGISTRATION/PARTICIPATION FORM

*This form **MUST BE COMPLETED** and **RETURNED** with proof of insurance to the MALC for your group to be included in the 'line up' drawing for the parade march. If there is no form on file from your organization for the current year prior to the drawing for the parade line-up your group will not be able to participate.*

Name of Union/Organization_____

Contact Person for Union/ Organization_____

Contact Phone_____

Contact Email_____

☐ I CERTIFY that our Union/Organization has the proper liability insurance coverage for our group.

☐ Attached is a copy of a certificate of insurance (COI) from our insurance company.

☐ I do not have a certificate of insurance, but our insurance carrier is:

☐ Our group will include vehicles:

☐ # of Semitrailers_____

☐ # of Box trucks_____

☐ # of Automobiles_____

☐ # of Motorcycles_____

☐ # of Other_____

☐ Our group has appointed the following individual(s) as a PARADE DAY POINT PERSON:

1. Name_____

Cell Phone_____ Email_____

2. Name_____

Cell Phone_____ Email_____

The Parade Day Point Person is responsible for conveying any important information and updates to your parade group, maintaining order, keeping area clean, and getting group ready to march in parade line-up order.

☐ Our Local Union would like to display our flag at the entrance of Summerfest. \$100 fee for this request.

A few questions to help with our preparations:

1. Our union could realistically commit to _____ members participating in the march.

2. Other information_____

Please complete and return to the MALC AFL-CIO OFFICE, 633 S. HAWLEY RD. MILWAUKEE, WI 53214, by August 13, 2025. Any forms returned after the deadline will automatically be placed at the end of the parade line-up.