### 2025 CREOLE FESTIVAL PARADE

Sunday, November 9, 2025 11:00 AM

### RULES AND REGULATIONS – PARTICIPATES FORM ALL PARADE UNITS MUST PAY A FEE TO PARTICIPATE

PLEASE PROVIDE THE NUMBER OF UNITS PARTICIPATING WITH YOUR ORGANIZATION AT THE TIME OF REGISTATION.

ALL UNITS	\$100.00/unit
ELEMENTARY/HIGH SCHOOL UNIT	NO CHARGE

#### FEES ARE NON-REFUNDABLE.

**DEADLINE TO ENTER: OCTOBER 24, 2025 AT NOON** 

A MANDATORY MEETING WILL BE HELD ON NOVEMBER 3, AT 6:00 PM IN THE PARISH LIFE CENTER \*\*NO PASSES WILL BE GIVEN ON PARADE DAY\*\*

This is a Holy Ghost Catholic Church SPONSORED FAMILY EVENT. THE FOLLOWING RULES

- AND REGULATIONS WILL BE ENFORCED: 1. *Initials* Parade will lineup at Landry St. and Academy with lineup to begin at 9:00 A.M. The parade route will start on the corner of Academy St. and Landry St., take a right turn onto Union Street to Holy Ghost Church and disband at the parking lot at corner of Main Street and Prudhomme Lane (old Food Liner IGA shopping center parking lot). Those arriving late for lineup will be placed at the end of the parade.. Lineup ZONES: Zone A- Corner of Landry St. & Academy, Zone B- Landry St. to Wallior St., Zone C- Wallior St., and Zone D- North Wallior St.& E. Grolee Street. a. NO parking allowed at CVS, Post Office, or St. Landry Church 2. *Initials*\_\_\_\_\_ All units **MUST** check-in at parade checkpoint. You must have a pass with your assigned number. Pass must be visible at all times on the Driver's Side Windshield. Only those entries registered and having paid the appropriate fee will gain access to the parade. Entry into parade will not be allowed without a pass. 3. *Initials* Our theme this year is "We Are One in the Spirit" All units must FOLLOW this theme celebrating our CREOLE Community and Heritage. All parade units must be identified! A sign or poster with the name of the individual or group must be attached to the unit, as well as the designated number of the unit.
  - a. NO R.I.P. verbiage ALLOWED.
  - b. "In Memory of" units of deceased must stay within our theme.

### Signage must Read:

- **Owner/Business Name**
- Owner/Founder DOB & Date of Death
- Pictures are ALLOWED
- 4. *Initials* Only individuals participating in the parade will be allowed at the lineup.
- 5. Initials Absolutely no alcoholic beverages allowed on parade units!!! The consumption of alcohol is strictly prohibited on/in units during the parade. Those riding in units will not be allowed to participate in a state of intoxication. Fees will not be refunded.
- 6. Initials\_\_\_\_\_ No glass containers, bar-be-que pits, or cooking equipment allowed.
- 7. Initials\_\_\_\_\_ Political promotions/advertisements are strictly prohibited.
  - a. The words VOTE, ELECT, RE-ELECT, OR CANDIDATES' NUMBER is NOT ALLOWED ANYWHERE ON UNIT or PARADE PARTICIPANTS ATTIRE
- 8. Initials Only approved music on units. No loud, vulgar, or explicit music allowed.
- 9. Initials\_\_\_\_Indecent dancing or attire will not be allowed.
- 10. *Initials* Only approved throws will be allowed. Trinkets must be child safe, individually wrapped candy or beads. Drivers of the units are not allowed to throw.
- 11. Initials\_\_\_\_ Creole Festival officials and/or law enforcement officers reserve the right remove any participant from the parade at any time for not following the above required guidelines or for inappropriate behavior as deemed by Creole Festival Officials!

Persons/organizations participate at their own risk.  13. Initials Participant Limit is as follow: Trailers 15 people / Floats 20-25 people / Truck Beds 6 people.  No walkers EXCEPT chaperones AND walking groups.  14. Initials All Units must remain in motion. NO stopping on ROUTE.  15. Initials Failure to Comply with the rules and regulations of this contract will terminate any future participation in the Holy Ghost Creole Festival Parade.  I hereby certify that I have read and been given a copy of the attached parade rules and regulation regarding the Creole Festival Parade and will abide by them. I understand that participation voluntary. Failure to abide by any of the rules/regulations listed will result in my unit being asked to exthe parade route. I also understand that no refunds will be given.  Signature of Responsible Party Date	rails. 4-WHEELERS, HORSES, LIVE ANIMALS OR SPECIES, 18-WHEELER TRAILERS AND DOUBLE DECKER FLOATS ARE <u>NOT</u> ALLOWED IN THI	
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# Holy Ghost Catholic Church 2025 Creole Festival Parade

### Sunday, November 9, 2025 Line-up 9:00 AM Parade 11:00 AM

	Lineup Number(s):	
	(For office use only	
Official Name of Unit:		
Number of Entries:		
Type & Number of Units:	Car Truck Float Marching Group Truck & Flatbed *NO 18-Wheelers, Double Utility Trailers OR Double Decker Floats Allowed	
Driver's Name (must submit co	ppy of license & insurance):	
Make/Year/Model of each unit: (must submit copy of insurance)	<b>:</b>	
_		
Music on unit:  yes no	If yes, type of music:	
Throws:	If yes, describe:	
Contact person:		
Address:		
Phone Number:		
Signed by:		
Print Name & Title		

# FOR OFFICE USE ONLY

## cc: PARADE CHAIR

### FEE ASSESSED

PRIVATE UNIT - \$100.00	
SOCIAL ORGANIZATION - \$100.00	
TRUCK & FLATBED - \$100.00	DATE:
FLOAT - \$100.00	AMT. PD.:Initials
COMMERCIAL/BUSINESS UNIT - \$100.00	CHECK CASH
ELEM/HIGH SCHOOL UNIT – NO CHARGE	_
	☐ MONEY ORDER
Copy of Drivers license received Copy of insurance card received Indemnity agreement signed Volunteer Driver form received	
PASSES GIVEN TO:	
Please contact Churc HGC Parish Ot	arding the 2025 Parade: ch office or Parade Chair ffice 337-942-2732 aey 337-692-3119
Reviewed and Approved by:	Date:

# 2025 Creole Festival ACTIVITY PARTICIPANT HOLD HARMLESS/INDEMNITY AGREEMENT

PARISH: Holy Ghost Catholic Church	
PARISH is understood to include the Diocese of Lafayette	
ACTIVITY PARTICIPANT:	
DATE OF USE: November 9, 2025	
TYPE OF ACTIVITY: 2025 Creole Festival Parade	
HOLD HARMLESS/INDEMNITY AGREEMEN	ІТ
The above named <b>ACTIVITY PARTICIPANT</b> agrees to defend, protect, ind <b>CATHOLIC CHURCH</b> and the <b>DIOCESE OF LAFAYETTE</b> against and from all claims are named <b>ACTIVITY PARTICIPANT</b> or any of its agents, family members, officers, volunteer or associates in connection with the operations or participation of the above named <b>ACTIV</b>	sing from the negligence or fault of the above s, helpers, partners, organizational members,
ACTIVITY PARTICIPANT agrees to provide a certificate of insurance provides evidence of general liability and non-owned auto coverage of not less th occurrence. ACTIVITY PARTICIPANT also agrees to have HOLY GHOST ODIOCESE OF LAFAYETTE named as "Additional Insured," on its general liab 2025 CREOLE FESTIVAL in relationship to the PARADE's activities. It is agrealso agrees to ensure that its liability insurance policy will be primary in the event against HOLY GHOST CATHOLIC CHURCH and/or the DIOCESE OF LA	an two million dollars (\$2,000,000) per CATHOLIC CHURCH and the bility policy for the DATES OF THE eed that ACTIVITY PARTICIPANT to f a covered claim or cause of action
If and only if <b>ACTIVITY PARTICIPANT</b> fails to comply with the above (second agrees to protect, defend, hold harmless, and fully indemnify <b>HOLY GHOST CATAPAYETTE</b> for any claim or cause of action whatsoever which takes place during the against <b>HOLY GHOST CATHOLIC CHURCH</b> and/or the <b>DIOCESE OF LAFAYETTE</b> by or its employees, agents, guests, invitees, customers, partners, family members, organization arises from the alleged negligence of <b>HOLY GHOST CATHOLIC CHURCH</b> or the lagents or the negligence of any other individual or organization not a party to this agreagreement is held invalid, it is agreed that the balance thereof, shall continue in full legal for	THOLIC CHURCH and the DIOCESE OF e identified DATE(S)OF USE that is brought the above named ACTIVITY PARTICIPANT ational members and associates, even if such DIOCESE OF LAFAYETTE, its employees or ement. If any paragraph or sentence of this
By signing below, parties agree to all terms and conditions herein.	
SIGNED by: D	ate:
Print Name & Title:	

### PARTICIPANT DRIVER FORM

# Holy Ghost Volunteer Drivers Form

Name of Driver:	Age:
Address:	
	Phone #:
Driver's License #:	State Issued:
Year, Make & Model of Vehicle: _	
Insurance Company's Name:	
(Minimum Limits of \$100,000/\$30	0,000 Required)
Participant Unit Name:	
In order to provide for the safety o	f those we serve, we must ask each volunteer driver to list all
accidents or moving violations the	have had in the last three years:
Please be aware that as a par	ticipant volunteer driver, your insurance is primary.
	<u>Certification</u>
I certify that the information given on t	his form is true and correct to the best of my knowledge. I understand
that as a participant driver, I must be 21	years of age or older, possess a valid driver's license, have the proper
and current license and vehicle registra	tion, and have the required insurance coverage in effect on any vehicle
~	ree that I will refrain from driving under the influence of drugs and or
	r electronic device, or engaging in activity that will distract me while
operating my vehicle.	
Participant Driver Signature	Date