

# **CHEROKEE NIGHTTIME CHRISTMAS PARADE**

**DECEMBER 14, 2024**

**5:00PM**

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**NAME OF ENTRY/ORGANIZATION:** \_\_\_\_\_

**I WISH TO BE JUDGED:** \_\_\_\_ (Y OR N)

**NO CATEGORIES/NO THEME**

**ADDRESS:** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **ALT. #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERSON IN CHARGE OF ENTRY:** \_\_\_\_\_

## **RULES**

**THE NAME OF THE ORGANIZATION SHOULD BE CLEARLY VISIBLE ON BOTH SIDES OF THE FLOAT.**

**FLOATS WILL BE JUDGED THROUGHOUT THE PARADE ROUTE. (THERE IS ONLY ONE SANTA CLAUS IN THE PARADE)**

**FLOATS WILL BE JUDGED ON (MUSIC, LIGHTING, CREATIVITY). (THIS IS A NIGHTTIME PARADE)**

**1ST PLACE: \$1,000.00 2<sup>ND</sup> PLACE: \$500.00 3RD PLACE: \$400.00**

- ALL ENTRIES /DROP OFFS/TRAFFIC MUST ENTER BY THE HUNGRY BEAR EXXON GAS STATION ON WHITE WATER DRIVE.
- ALL TRAFFIC SHOULD EXIT BY THE CHEROKEE BEAR ZOO.
- PARADE ROUTE WILL BEGIN BY THE BEAR ZOO, GO DOWNTOWN, TURN RIGHT ONTO 441 N. AND DISBAND BEHIND THE QUALLA ARTS & CRAFTS.
- YOU MAY START BRINGING YOUR FLOATS INTO THE PARADE LINE UP AT 1:00 PM
- FLOATS MUST BE IN THE LINE NO LATER THAN 4:00 PM (NO EXCEPTIONS).
- TRAFFIC MUST BE CLEARED FROM PARADE ROUTE BY 4:00PM. THE ONLY THING TO BE ON WHITE WATER DRIVE IS THE PARADE PARTICIPANTS AND FLOATS.
- EVERYBODY THAT IS RIDING/WALKING WITH THE FLOAT/CAR/TRUCK MUST BE WITH THEIR GROUP AT 4:30PM (ROAD WILL BE CLOSED, NO LAST-MINUTE ARRIVALS.)
- PEOPLE RIDING A HORSE MUST MAKE SURE THEY HAVE SOMEONE WALKING BEHIND WITH A POOPER SCOOPER.
- WE WILL ANNOUNCE THE WINNERS AT THE END OF THE PARADE ROUTE (BEHIND QUALLA ARTS & CRAFTS. W-9 FORMS WILL BE FILLED OUT BY THE WINNERS.
- PARADE ENTRY FORMS CAN BE PICKED UP AT THE CHEROKEE WELCOME CENTER. ENTRIES WILL BE ACCEPTED UNTIL 12/13/24 AT 4:00 pm. (NO EXCEPTIONS)
- FOR MORE INFORMATION CONTACT THE CHEROKEE WELCOME CENTER @
- (828)359-6490/JOSIE LONG/CHRISTOPHER WATTY (828)359-6491/359-6486 OR E-MAIL [josilong@ebci-nsn.gov](mailto:josilong@ebci-nsn.gov), [chriswatt@ebci-nsn.gov](mailto:chriswatt@ebci-nsn.gov)
- FORMS CAN ALSO BE FAXED BACK TO (828)-520-7079



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC     <input type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**Eastern Band of Cherokee Indians  
Release of Liability and Assumption of Risk**

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

I, \_\_\_\_\_, for and in consideration of my participation in the above named event, I hereby assume absolutely and unconditionally all known risks which are or may be associated with my participation in the above named event. I understand that in assuming these risks, I agree that under no circumstances will I or any person claiming through me make any claims, demands, suits, or liability ("Claims") for personal injury, property loss, or death against the Eastern Band of Cherokee Indians ("EBCI"), or its partners, officers, agents, or employees (collectively, the "EBCI Parties") on the part of any of them. I also agree to indemnify, defend and hold harmless all such persons as aforesaid for any and all claims for bodily injury, which may be made against any such persons connected with or arising out of the above named event.

I understand also that (1) the EBCI is relying on my agreement to these terms in granting me permission to participate in the above event; (2) in signing this Waiver I acknowledge that I am in a physically fit enough shape to engage in this activity and I do not currently have any medical restrictions that would exclude me from engaging in this type of activity; (3) my agreement to these terms is intended to release and absolve the EBCI (and its associated persons) from liability to the maximum extent.

I give my permission to the EBCI the right to take, use, reproduce, edit, photograph, record, broadcast, and otherwise exploit in all media, in whole or in part, including for commercial, promotion of the EBCI and event, my and/or my minor child(ren) or ward's image, likeness voice, name, and biographical information in connection with the event and release the EBCI from all Claims that I or my successors and assigns may have for such use.

I have read and understand the above.

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Guest

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Witness