2017 LIGHTED CHRISTMAS PARADE ENTRY FORM

Name of Participant: _____

Contact Person: _____

Phone Numbers: _____
(home, work, cell)

Mailing Address of Contact Person _____

Mailing Address of Organization _____

Category: (circle one) **1. Commercial (includes dance studios)**
2. Educational
3. Religious

Type of Entry: (Please check appropriate spaces)

Float _____

Marching Unit _____

Band _____

Convertible _____

Antique _____

Truck _____

Other _____

Please provide additional information about your unit or organization, including the number of members in your group, names of Kings or Queens, special awards or achievements, and any other information you would like to share about your school, church, or organization. This information will be used for the live remote radio broadcast/T.V. coverage of the parade. (Use additional paper as necessary)

_____
_____
_____
_____
_____