



2024 MEMORIAL DAY PARADE and CEREMONY

GROUP ENTRY FORM

Name of Organization: _____

Address: _____

Contact Name: _____

Contact Email: _____

Day of Event Contact Name: _____

Day of Event Contact Cell Number: _____

GROUP NAME: _____

Number of Participants: _____

Number of Vehicles: _____

Description of Group's Participation Plans:

We agree not to hand out any political materials or literature: _____ initials

We agree not to hand out any business-related materials: _____ initials

Signature of Registrant: _____ Date: _____

APPROVED: Y | N

Director of Recreation: _____

Date: _____