

PARADE INFORMATION

Unit/Group/Individual Name-----

*Contact Person*_____

*Address*_____

*City*_____ *State*_____ *Zip Code*_____

Phone Number (_____) _____

Check those that apply to you or your unit/group:

-----*WE WILL PARTICIPATE IN THE PARADE*

-----*WE WILL NOT PARTICIPATE IN THE PARADE*

IF ATTENDING:

-----*WE WILL BE ATTENDING WITH MUSIC*

-----*WE WILL BE ATTENDING WITHOUT MUSIC*

-----*WE WILL BE ATTENDING WITH A MARCHING UNIT*

-----*WILL BE ATTENDING WITH A LADIES AUXILIARY*

-----*WE WILL BE ENTERING A FLOAT PULLED BY*-----

-----*NUMBER OF PIECES OF EQUIPMENT (FIREMEN ONLY)*-----

-----*NUMBER OF PARTICIPANTS*-----

PLEASE RETURN THIS FORM TO: *THE BOONVILLE FAIR OFFICE*

P.O. BOX 775

BOONVILLE, N.Y. 13309

******DEADLINE FOR THE PARADE IS JULY 23, 2016******

Please include information about your organization to be read on stage during the parade***