

TOWN OF CHEEKTOWAGA
July 4th 2018 PARADE PARTICIPATION FORM
42nd Annual Parade

Name of Organization: _____

Name of Representative: _____

Phone Number of Contact Person: _____

Phone Number; Day of Event if different: _____

EMAIL Address: _____

Please check ALL items that apply to your group the day of the parade.

	If checked, how many		If checked, approx. no.
TRUCK	<input type="checkbox"/> _____	INSTRUMENTS	<input type="checkbox"/> _____
CAR	<input type="checkbox"/> _____	MUSIC(radio, etc.)	<input type="checkbox"/> _____
MOTORCYCLE	<input type="checkbox"/> _____	COLOR GUARD	<input type="checkbox"/> _____
4 WHEELER	<input type="checkbox"/> _____	WALKERS	<input type="checkbox"/> _____
TRAILER	<input type="checkbox"/> _____	CANDY	<input type="checkbox"/> _____
FIRE TRUCKS	<input type="checkbox"/> _____	OTHER:	_____

DESCRIPTION OF UNIT FOR THE MC: