

**CRESTVIEW VETERANS DAY PARADE
ENTRY APPLICATION
TO BE HELD SATURDAY, NOVEMBER 7, 2009**

Official Name of Entry:		Date:
Organization: <input type="checkbox"/> Veteran <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Other _____		
Contact Person:	Alternate:	
Address:		
City:	State:	Zip:
Office Phone:	Home Phone:	
Fax:	Mobile:	
Email Address:		
Note: 1. Application <u>must</u> be received by October 26, 2009 4. Tossing of items from floats/vehicles is allowed if they are safely tossed 2. Official confirmation will indicate entry acceptance 5. Parade starts at 2:00 PM 3. There is no cost to enter this event		
PARADE ENTRIES –		
# Vehicles _____	# Marchers _____	# Horses _____
	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Mounted Unit
	<input type="checkbox"/> Float	<input type="checkbox"/> Marching Unit
Theme: <u>CELEBRATING OUR VETERANS</u>		
Additional Comments:		
# _____ VEHICLE NEEDED	1. _____	
	2. _____	
	3. _____	
Submit To:	Veterans Day Parade Committee c/o: Administrative Services Department 198 N. Wilson Street Crestview, FL 32536	Contact Phone #: 850-689-1895 Contact Email: fletcher.williams@cox.net

This form may be downloaded from <http://www.cityofcrestview.org/events/events.htm>, and sent by mail, or email, or hand delivered.