

PARTICIPATION FORM

Please copy and paste the form below into an email and send to camillusparade@gmail.com - OR - download the form and mail it to Camillus Memorial Parade, P. O. Box 243, Camillus, NY 13031

We will enter a float/vehicle(s) _____Yes _____No

We will have a color guard/banner _____Yes _____No

Number of participants under 13 _____/Number of adults _____

Vehicles _____ # Cars _____ # Vans _____ # Pickups _____

Floats 15-20 ft. _____ # Floats over 20 ft. _____

*Please let us know if you have any special needs for your vehicles or the people participating so that we may make it easy to accommodate your group.

Name of organization: _____

Contact person: _____

Address: _____

Telephone: day _____ night _____

Fax: _____ Email: _____

Please include a short (30 word) description of your group or service.

Please be at the corner of Maple Dr. and Main St. by 8:30 a.m.; roads close at 9:00 a.m. Please do not throw candy; it can be handed out. No pamphlets please; coupons are okay. Antique vehicles must be inspected and meet NYS guidelines. For questions, please call Mary Lou Weinberger at (315) 468-1213 or email us at camillusparade@gmail.com.