

Participant Information			
Contact Name			
Address			
City/State/Zip			
Email			
Phone	Atl. Phone		
Type of Participa	nt: Group/Organiza	ation Individual/Family/Neighborhood	
Name of Organiz		. ,, ,	
Type of Participant (check all that apply)			
☐ Walking /Dancing/Marching			
☐ Mobile Vehicle (type)			
☐ Float (approx. size)			
☐ Music (what type)			
☐ Other (please specify)			
Signature:			
Date:			
By signing this form, you agree to the terms and conditions set forth by the Parade Organizers			
 Candy is not allowed to be tossed from floats or vehicles during parade for the safety of the public. Political flyers are not allowed to be distributed. 			
Mail or email application to		Contact:	
Veterans Office		508-979-4023 ext. 6	
c/o Brad Fish or Jane Bettencourt 40 Center Street		Brad Fish or Jane Bettencourt <u>bfish@fairhaven-ma.gov</u>	
Fairhaven, MA 02719			
Deadline to submit Registration form: June 20, 2022			
Office use only			

Order in Parade__

Received on_____