



United Veterans of Doylestown

PO Box 31

Doylestown, PA 18901

Phone: 267-408-0011

unitedveteransofdoylestown@gmail.com

Parade Entry Registration Form

Welcome to the United Veterans of Doylestown 2017 Memorial Day Parade. Your interest in participating in our Parade is sincerely appreciated by our community. You should read all information contained in this application before signing and returning to us. Please print or type all information requested.

Organization Name: _____

(Note: this should be the official name of your organization and that by which you will be known for the parade)

Organization Mailing Address: _____

Organization Point of Contact: _____

Title: _____

Phone: _____

E-mail: _____

(You or your organization must provide an e-mail address)

Is this a walking unit? _____ Number of participants: _____

Does your unit have an identification banner: _____

(Note: maximum size is 3 feet high by 8 feet wide)

Banner text: _____

Are you requesting to have a vehicle(s) in the parade? _____

(Driver's license and proof of registration and insurance are required and must be provided if requested)

Number of vehicles: _____

(Subject to Parade Marshal approval)

Vehicle and/or float size: _____

(The length (in feet) of the vehicle or float is required. If you don't know it, measure it.)

Are you requesting that your organization play music in the parade? _____

(Subject to Parade Marshal approval. There will be only a very limited number of entries playing music.)

Will your organization's entry have an animal? _____

If yes, what type of animal? _____

(See the Parade rules concerning vaccinations and behavior)

I certify that I am the responsible person for the organization named above and I have **read, understand, and will comply** with the 2017 Parade Rules and Guidelines. I further understand that if my organization does not comply with the Parade Rules and Guidelines it will be prohibited from participation in future parades.

Printed name: _____

Title: _____

Signature: _____

Date: _____

The completed form must be mailed to: PO Box 31, Doylestown PA 18901