



Autumnfest "10 Division" Parade

BAND ENTRY FORM

Name of Organization:

(Please print legibly)

Number of Members: _____ School Colors: _____

1st Contact Person: _____ Cell: _____

2nd Contact Person: _____ Cell: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Email:

FINANCIAL COMPENSATION: \$ _____ (to be approved)

****Background information will be needed for live parade coverage. Please provide a brief background and recent accomplishments of your organization typed on a separate sheet of paper in 16 font. This will afford the live announcer crucial information on your Band!!***

Please complete and return completed form on or before August 1st, 2019 via

E-mail at parade@autumnfest.org

Mail to: Autumnfest Parade

P.O. Box 574

Woonsocket, Rhode Island 02895

Should you have any questions, please contact Nancy Phillips at 401 765-4327

Revised: 4-9-2019 nep