

Autumnfest "10 Division" Parade

BAND ENTRY FORM

NAME OF ORGANIZATION:(please print legibly)			
NUMBER OF MEMBERS:	SCHOOL COLORS: _		
CONTACT PERSON:		CELL:	
HOME PHONE:	WORK PHONI	E:	
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
EMAIL:			
FINANCIAL COMPENSATION: \$	(to be approved)		

*Background information will be needed <u>for live parade coverage</u>. Please provide a brief background and recent accomplishments of your organization typed on a separate sheet of paper in 16 font if possible.

PLEASE COMPLETE AND RETURN THIS FORM ON OR BEFORE August 30, 2017 via e-mail

below or mail to: Autumnfest Parade Committee

PO Box 574

Woonsocket, Rhode Island 02895

If you have any questions, please contact:

Parade Coordinator, Linda Plays at linda.s.plays@gmail.com