Division
Staging Area
For Committee use only

HOLLISTON 300TH ANNIVERSARY PARADE
Please print or type all information.

Unit Name: _____

Unit Type:_____ Band _____ Color Guard _____ Float _____ Marching Unit _____ Other*

(*) Briefly describe "Other:": _____

Number of Participants: _____ Number and Length of Motorized Vehicles: _____

The number of vehicles allowed in the Parade is solely at the discretion of the Parade Committee.

Parade Participants will be responsible for providing their own banner carriers.

Contact: Responsible Person: _____

Title: _____ Cell Phone Number: _____

Address:_____ Town:_____State:_____ Zip:_____

Email Address: _____

Description of Unit: Please describe what you will do with the Unit such as decoration theme, vehicle type, number of people in the group, animals, music, and any pertinent information. Please also identify any specific needs. You will be contacted later to verify the information. You may attach additional sheets if necessary.

I have read all the information and agree that the Unit and all participants will abide by the rules as outlined on the form and any such other instructions as provided by the Parade Committee.

The Parade Committee reserves the right to withdraw its invitation to the Parade at any time and at the Parade Committee's sole discretion.

I hereby certify that I have been authorized by the Unit to sign this Agreement on its behalf and on behalf of its members and those participating in the Parade as part of the Unit.

Signature of Responsible Person: _____Date: _____

Return Completed Form to: Celebrate Holliston, PO BOX 6467, Holliston Mass. 01746

REGISTRATION DEADLINE April 15, 2024
Direct all questions to Peter Barbieri peterbholl@gmail.com
Jake LaFlamme celebrateholliston parade@gmail.com