

ENTRY

Description of entry (**required**):

Number of vehicles? _____

Music? YES NO

If yes, describe in detail the kind of music and how it will be played, e.g., recorded, live, etc. (This information is used to determine placement.)

Briefly state what you want the announcers to say when your entry passes by?

ENTITY

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

FAX: _____ Email: _____

Website: _____

CONTACT #1

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email (required): _____

CONTACT #2

Name: _____
Street: _____
City: _____ State: _____
Home Phone: _____ Work Phone: _____
Cell: _____ Email (required): _____

**VEHICLE PASS(ES)
MAILING ADDRESS**

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell: _____ Email (required): _____

COMMENTS

_____ Initial here to indicate that you have read the Parade Information and Instructions.

Make checks payable to "Beaverdale Fall Festival."

To reserve a spot in the parade your application and \$50 must be received by Friday, September 10; for special circumstances, contact Theresa Graziano.

Mail or deliver to: **Beaverdale Fall Festival**
4221 Allison Avenue
Des Moines, IA, 50310

Contact Information:

Theresa A. Graziano
Fall Festival President/Parade Coordinator
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Phone: 515-274-3720
Website: www.fallfestival.org

