



## PARADE ENTRY FORM

*Please check the appropriate box:*

Fire/EMS  - # of Pieces: \_\_\_\_\_

Antique  Marching Unit

Equestrian  Float

Other  \_\_\_\_\_

Name of Organization or Group:

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Delta Cardiff Vol. Fire Co.  
Att: Parade Committee/Maxine Moul or Wendell Baxter PO  
Box 15 Delta, PA 17314