

Date revd. _____

Div. _____

WASHINGTON DC ST. PATRICK'S DAY PARADE**2008 Parade Participant Application**<http://www.dcstpatparade.com>

Name of Marching Unit:							
Type of Unit:							
Organization Sponsor:							
Contact Information							
Full Name:							
Street Address:							
City, State, Zip:							
Phone Numbers:	Day:		Night:		Mobile:		
E-Mail Address:			@				
Group Information							
Director/Group Leader:							
Total Unit Participants:							
Unit Participating Ages:		Under 5 yrs		6-12 yrs		13-18 yrs	18 yrs +
Uniforms or Costumes: (to help identify your group during parade)							
Will performers wear pins, regalia or insignia other than parts of their uniforms, or carry placards, banners or signs other than for identifying means?							
Will participants be performing songs or marches?							
While in Washington, DC, your group will be staying at the following location:	Location:						
	Telephone:						
Narrative Description: (A few sentences will be read from the Reviewing Stand as your unit marches past.)							

PLEASE NOTE: Grandstand seats are available for parents and guests next to the Reviewing Stand. You can obtain Grandstand seats at our online store for \$5.00 each.

Mail form to: P.O. Box 11584, Washington, DC 20008-0784 or
email form to: webmaster@dcstpatparade.com. Thanks, see you at the parade!