TOWN OF EAST FISHKILL COMMUNITY DAY

PARADE APPLICATION

Organization:		
E-mail:		
Address:		
Cell Phone:	Contact Person	:
Number of Marchers:	Number of Cars:	
	(please check off all applicable areas)	
Color Guard	☐ Banner	☐ Music/Band
Number of Floats:	Number of Fire Trucks:	
	rded to the Best Float and Most (eativity and originality. Must be a	
Special Requirements/Com	ments:	

Please remit this form to:

EAST FISHKILL COMMUNITY DAY

East Fishkill Recreation 4 Anne Avenue Hopewell Junction, NY 12533