

Parade Registration Form

Organization Name: _____

Contact Person: _____

Organization Address: _____

Phone Number: _____

Division Entering:

_____ Children's Costume

_____ Adult Costume

_____ Pet Costume

_____ Float Division

_____ Family Reunion

Return Registration Form no later than October 21, 2005 to: St. Michaels Business Association, P.O. Box 1221, St. Michaels, MD 21663 or Fax: 410 745 0412.