

NYC St. Patrick's Day Parade®

Kindly complete this form and mail it back, together with \$200.00 fee (\$250.00 if postmarked after 12/20/19)

In enclosed envelope to NYC St. Patrick's Day Parade, P.O. Box 295 Woodlawn Station, Bronx NY 10470

NYCStPatricksParade.org

Email; Info@nycstpatricksparade.org

Please type or hand print information clearly

Organization Name

Organization Address

_____ State _____ Zip _____

Delegates to attend meetings

1 Name _____ Email Address _____

President

Address (1) _____ Address (2) _____

City _____ State _____ Zip Code _____ Tel. # _____

2 Name _____ Email Address _____

Address (1) _____ Address (2) _____

City _____ State _____ Zip Code _____ Tel. # _____

Alternate delegates to attend meetings

3 Name _____ Email Address _____

Address (1) _____ Address (2) _____

City _____ State _____ Zip Code _____ Tel. # _____

4 Name _____ Email Address _____

Address (1) _____ Address (2) _____

City _____ State _____ Zip Code _____ Tel. # _____

Person in charge of Marching Unit

Name _____ Email Address _____

Address (1) _____ Address (2) _____

City _____ State _____ Zip Code _____ Tel. # _____

The above named organization will obey the rules of the parade.

Each marching unit is responsible for its members and those marching with them.

Signature of President of Organization _____ Date _____

This form should be signed by the President of the Organization or the Principal, Headmaster or Dean of a School or College. Schools and Colleges should include faculty advisor name.

Please make a copy of this form for your records.