



Maple Syrup Festival Parade Application

Parade Date:

April 16, 2011

10:00 AM

Wakarusa, IN 46573

Name of Organization: _____

Contact Person _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Type of Unit: _____

Length of unit (must have) _____

Brief description (The parade announcers will read during parade)

Please limit units to two (2) per group. **Deadline for registration is April 2nd.**

Return to: Wakarusa Chamber of Commerce
PO Box 291
Wakarusa, IN 46573 or Fax: 574-862-2245.

We appreciate your participation and look forward to seeing you at the festival. A confirmation letter will follow. If you have any questions, please contact the Chamber of Commerce at (574) 862-4344.

Thank you,

Cindy Hill
Parade Chairman