



**TOWN OF HOLLYWOOD PARADE
PARTICIPANT REGISTRATION FORM**

NAME OF ORGANIZATION: _____
(PLEASE PRINT)

CONTACT PERSON: _____

HOME PHONE: _____ CELL PHONE: _____

PARADE PARTICIPANT

Event Date:

December 10, 2017

2:00 pm

(LINE UP AT 1:00 PM AT BHMHS)

NO FEE TO ENTER PARADE

____ AUTO ____ FLOAT ____ MARCHING/WALKING

____ MOTORCYCLES: ***NO BURNOUTS ALLOWED!!!!!!!***

BHHS CLASS OF _____ UNIT(s)

____ (STATE NUMBER IN YOUR ORGANIZATION FOR LINE UP)

Signature

Date

Please return this form to Town of Hollywood By December 1, 2017

Town of Hollywood, PO Box 519, Hollywood SC 29449
(843) 889-3222 FAX (843) 889-3636

