



CHRISTMAS PARADE ENTRY FORM



Sunday, December 5, 2021

Business/Group: _____

Contact Name: _____

Phone #: _____

E-mail: _____

TYPE OF ENTRY (Please Circle)

Float Marching Band Costumed Character Decorated Car Other

On behalf of _____

(Name of Organization/Group)

I confirm that reasonable measures to ensure that a mandatory proof of vaccination verification process and other mandated measures will be put in place in accordance with the Provincial guidelines as a condition of registering for the event.

(Please Print Name)

(Signature)

(Date)

Email Entry to cgillis@townofph.ca or drop off at the
Port Hawkesbury Civic Centre Box Office or Fax to 625-2798

****Lineup at the Provincial Building parking lot at 5:00pm****