

PARADE / EVENT ATTENDANCE REQUEST

Date of Request: _____

Day & Date of Parade or Event: _____

Time of Parade or Event: _____

Parade/Event Sponsor: _____

Location of Parade/Event: _____

Contact Person for Parade/Event: _____

Insurance Needed: Yes _____ No _____

UNIT NAME: _____

Unit Director: _____

Phone Number: _____

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Request Granted: Yes _____ No _____

Potentate: _____

Parade Marshal: _____

Reason for Disapproval: _____

Date: _____