

		HALL 501 E. MAIN ST.	
IAME OF ENTRY:			
ONTACT NAME:			
ADDRESS:			
PHONE:		E-MAIL:	
*	RIEF SAYING FOR	ANNOUNCER AND	D PROGRAM FLYER
DLEASE N	GTH, INCLUDE NU	MBER OF WALKERS PARTICIPATE. MPORTANT TO BE ACCURAT PARADE DAY	KE/ MODEL AND EXACT  5, ATV, ETC. THAT WILL  TE SO WE CAN ACCOMODATE YOU ON  OR GRINCH IN THE PARADE.
		DUR FLOAT HAVE MUS	
	CLA	WAIVER OF LIABILITY (MUST IENTITIVE, RELEASE THE TOWN OF LOWEL MS, ACTIONS THAT MAY OCCUR DURING	LL AND ALL OF ITS EMPLOYEES FROM ANY LIABILITY FOR A THE PARADE OF LIGHTS.
	SIGNED:	*	DATE: