



HOMECOMING PARADE PARTICIPATION REQUEST

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

NUMBER OF PARTICIPANTS: _____

AGE RANGE OF PARTICIPANTS: _____

If any participants are riding in a vehicle, How many vehicles: _____

Type of vehicle: _____

Names of Adult Chaperones riding:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any participants are walking, indicate number of walking: _____

Names of Adult Chaperones walking:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As best you can, please describe any banners, decorations, themes, etc. that are part of your group:

District Clerk Date

Valid certificate of insurance on file

Principal/Assistant Principal Date