Full Name (PI	ease Print Your Name):
Group or Bus	iness Name (If Applicable):
Phone Number	(Only For Use In Contacting About Event):
E-mail Addres	s (Only For Use In Contacting About Event):
Entry Type:	☐ Antique Vehicle
	☐ Emergency Vehicle
	☐ Equestrian
	□ Float
	☐ Marching Unit
	☐ Tractor/Farm Equipment
	Other:
Brief Descrip	tion of Unit:
	your business or group <i>would</i> like to be contacted to participate or sponsor future e check this box.

Town Of Century Christmas Parade: Friday, December 20st, 2019 at 5:00 PM Until