

OUR GROUP ______ (CHECK ONE) ____WILL / ___WILL NOT Participate in the African Heritage Parade / Festival.

IF YOU WILL BE PARTICIPATING, PLEASE COMPLETE LOWER PORTION AND PLEASE RETURN COMPLETED FORM NO LATER THAN MAY 30, 2013.

GROUP			
ADDRESS			
CITY	STATE		ZIP CODE
HOME #	CELL#	F	AX
ALT. TELE PHONE#			
E-MAIL ADDRESS:			
CONTACT PERSON:			
TYPE OF GROUP			
TYPE OF PARADE UNIT (CHE	ECK APPROPRIATE ONE}		
a)MARCHING	/		
b)BAND			
c)FLOAT	f)OTHER		
NUMBER OF MEMBERS	MUSICIANS	VEHICLES	
PLEASE TELL US HOW YO	OU WOULD LIKE TO BE AN	NOUNCED:	
DO YOU HAVE ANY SPECIAL	REQUIREMENT: YES	NO IFYE	S PLEASE EXPLAIN BELOW
	PLEASE SEND COMPL	ETED FORM TO):
	AFRICAN HERITAGE PAR	RADE COMMITTEE	

P.O. BOX 1481 PATERSON, NJ 07544