

28th Annual Canoga Park Memorial Day Parade Application Form

Complete this form and email it to the Chamber Office at info@cpwhchamber.org

PLEASE PRINT or TYPE CLEARLY

Entry Name _____



**Canoga Park • West Hills
Chamber of Commerce**



7248 Owensmouth Ave., Canoga Park, CA 91303
www.cpwhchamber.org • (818) 884-4222

Parade Category (check only one for each application):

CATEGORY	ENTRY FEE	EXTENSION
<input type="checkbox"/> Cars/Motorcycles/Vehicles	\$125.00 (up to 10 cars)	\$ _____
Additional cars \$10.00 each	QTY _____ x \$10.00	\$ _____
<input type="checkbox"/> Equestrian Units	\$125.00 (up to 15 horses)	\$ _____
Additional horses \$5.00 each	QTY _____ x \$10.00	\$ _____
<input type="checkbox"/> Floats	\$100.00	\$ _____
<input type="checkbox"/> Bands or Choral Group	\$100.00	\$ _____
<input type="checkbox"/> Marching Organizations	\$100.00 (up to 30 participants)	\$ _____
Additional participants \$5.00 each	QTY _____ x \$5.00	\$ _____

**COMMITTEE
USE ONLY**

ENTRY

UNIT

Total Due: \$ _____

YES

How Many?

If you are entering a convertible car may a dignitary ride with you? _____

Will music be part of your parade entry? _____

Does your organization intend to perform at Post-Parade Celebration? _____

How many minutes do you need for your performance? (Please specify _____)

(Please describe your performance) _____

Brief Group Description for Parade Announcements (may be altered by the Parade Committee)

Check box if you want to use the same announcement from 2015

EQUESTRIAN JUDGING (EQUESTRIAN ENTRIES ONLY) Check One:

- Silver Open
 Side Saddle
 Working Western
 Spanish Open
 Arabian Open
 Parade Horse
 Indian Open
 Charro Open
 Mounted Group
 Horse Drawn Vehicle
 Novelty Costume
 Fancy Western Open
 Plain Western

Name of Organization/Individual _____

Contact Person _____ Best Phone Number _____

Address _____ City _____ Zip _____

Email _____ Fax Number _____

I have read and understand the application and the Rules and Regulations. I am an authorized to be the parade entry representative of _____ (organization) and agree to all of the contents within this application. I declare under the laws of the State of California that the foregoing is true and correct and this declaration I executed on _____ at _____, CA.

Signature _____ Title _____

Printed Name _____

Billing information: Same as above.
 Send Invoice
 Check
 Credit Card

Name On Card _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Credit Card # _____ Exp _____ VCode _____

Signature _____ Date _____

Print Name and Title _____

