

The Montauk Friends of Erin

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PARTICIPATION APPLICATION 57th ANNIVERSARY PARADE 2019

NAME OF ORGANIZATION: _____

PERSON TO CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF UNIT: (PLEASE CIRCLE ONE) FLOAT MARCHING UNIT BAND COLOR GUARD
FIRE DEPARTMENT SCOUT TROOP VEHICLE HORSE
OR OTHER _____

NUMBER OF PARTICIPANTS: _____

DESCRIPTION OF ENTRY: _____

SIGNATURE OF UNIT REPRESENTATIVE: _____

PRINT NAME: _____

(Montauk Friends of Erin reserve the right to eliminate any float that is unfavorable)