

**INDEPENDENCE DAY PARADE
REGISTRATION**

NAME: _____ **# of PERSONS:** _____

E-MAIL/TELEPHONE: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP** _____

ENTRY TYPE

FLOAT _____ **CAR/TRUCK** _____

BICYCLE _____ **PET** _____

BUSINESS _____

MUSICAL _____ **OTHER** _____

DID YOU PARTICIPATE LAST YEAR? _____

SIGNATURE _____

**Mail in or bring on parade day.
Tokeland-North Cove Chamber of Commerce
P.O.Box 132 Tokeland WA 98590-0132**

**Info: Bob Merrill at rrmerrill@comcast.net 360-580-5904
www.tokelandnorthcove.com**