## THE IRISH SOCIETY OF THE NATIONAL CAPITAL REGION

## APPLICATION FOR ST. PATRICK'S PARADE

## SATURDAY, MARCH 19, 2016

| 1. NAME OF ORGANIZATION/GROUP:        |                                   |                    |                               |  |
|---------------------------------------|-----------------------------------|--------------------|-------------------------------|--|
| Address:                              |                                   |                    | Postal Code:                  |  |
| Principal Contact:  Address:  E-mail: |                                   |                    |                               |  |
|                                       |                                   |                    |                               |  |
|                                       |                                   |                    | Fax:                          |  |
| Brief Description of Organiza         | ntion/Group:                      |                    |                               |  |
| 2. TYPE OF ENTRY                      |                                   |                    |                               |  |
| ☐ Band – Marching                     | ☐ Band – Other                    | ☐ Float            |                               |  |
| ☐ Marching Group                      | □ Clown                           | ☐ Mascot           |                               |  |
| ☐ Other (Describe)                    |                                   |                    |                               |  |
| 3. DESCRIPTION OF ENTR                | $m{Y}$ (indicate general theme, r | number of particip | pants, length of float, etc.) |  |
| Will entry include music?             | YES □ NO                          |                    |                               |  |
| Will entry include animals?           | YES □ TYPE                        |                    | NO 🗆                          |  |
| 4. ASSISTANCE REQUESTE                | ED.                               |                    |                               |  |
| We request your assistance in o       | btaining the following:           |                    |                               |  |
| ☐Tractor & trailer ☐Tr                | ractor only Trailer only          | y □Flatbed ti      | ruck                          |  |
| ☐Other (Describe)                     |                                   |                    |                               |  |

| AND THAT ALL APPROVED APPLICANTS M         | MUST ADHERE TO THE RULES OUTLINED.          |
|--|---|
| NAME:                                      |   |
| Signature                                  | Print Name & Phone Number                   |
| DATE:                                      |   |
|  |   |
| 6. PLEASE SIGN AND MAIL OR FAX             | X TO:                                       |
| a) Irish Society/NCR - Parade Appl         | ication                                     |
| <b>Box 5112, Ottawa, ON K2C 3H4</b>        |   |
|  |   |
| b) FAX: 819-595-3202 (local call in O      | Ottawa/Gatineau). Information: 819-778-0657 |
|  |   |
| 7. We would like to make a donation of \$_ | .00, to help fund the Parade (optional).    |
| Please make payable to Irish Society/NCR   | <u>a (Parade).</u>                          |
|  |   |

5. THE UNDERSIGNED UNDERSTANDS THAT ALL APPLICATIONS ARE SUBJECT TO APPROVAL