

HOBOKEN

St. Patrick's Parade Committee

APPLICATION FOR A CONTINGENT

Please print or type:

Organization Name: _____

Address: _____

City/State/Zip: _____

Type of Contingent: _____

Approximate Size: _____

Will you have:

Marching Band

Name and Size: _____

Color Guard

Name and Size: _____

Other Attraction

Explain: _____

Name of person to contact and who will be responsible for your contingent.

Name: _____

Address: _____

City/State/Zip: _____

Phone (Day): _____

Phone (Evening): _____

Return this form to:

Hoboken St. Patrick's Parade
c/o John J. Cunning
5 Church Towers Apt. 10N
Hoboken, NJ 07030

FAX 201-996-3468