

PARADE ENTRY FORM
SHELBYVILLE SCARECROW DAZE PARADE

Name _____

Address _____

City _____ State _____ Zip _____

CATEGORY

Business _____

Horse _____

Club or Organization _____

Youth _____

Band _____

Antique Auto _____

Other _____

Describe your entry _____

of participants _____

We have been asked if candy etc, is permissible to throw, it is if you throw on the ground and not in the air. The parade starts at 10:00 a.m., and will assemble at Main Street School and will travel to 9th Street and go back to Main Street School.

We/I agree to attend and participate in Shelbyville's Scarecrow Daze Parade on Saturday, October 9, 2010

Signed by _____

Organization _____

Date _____

Greater Shelbyville Chamber of Commerce
124 North Morgan Street
Shelbyville, IL 62565
217-774-2221