

**Theme for this Year: Scarecrows on Parade!**  
**2016 Scarecrow Daze Parade Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Email: \_\_\_\_\_

Describe your entry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Candy and other items are allowed to be thrown as long as they are thrown toward the ground not in the air.

**Important: The parade starts at 10:00 a.m., and will assemble at Forest Park, turn right on 9<sup>th</sup> Street, then left on Morgan Street and travel Morgan until the last turn, right on North 1<sup>st</sup> Street, and the parade will disperse at this point.**

I/We agree to attend and participate in Shelbyville's Scarecrow Daze Parade on Saturday, October 8, 2016.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

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**RSVP by Friday, September 23rd.** Mail this form, email or fax to:

Shelby Memorial Hospital  
Attn.: Emily Rothrock  
200 S. Cedar St.  
Shelbyville, IL 62565  
Phone: 217-774-3961 ext. 2661  
Fax: 217-774-5100  
[gplunkett@mysmh.org](mailto:gplunkett@mysmh.org)