

ST. PATRICK'S DAY PARADE COMMITTEE, INC. – NEWARK, NJ

2014 CONTINGENT APPLICATION

Friday afternoon, March 14, 2014 – Assembly: 12:00 pm / Step-Off: 1:00 pm

Michael D. Byrne / General Chairman / Office: (973) 746-3280

John F. Wojtal, Esq. / Adjutant / Mobile: (973) 864-4161

*** Please print or type**

Date: _____

Organization: _____

or School/Parish/Band, etc. (as it should be announced from the Reviewing Stands and printed in the *Order of March*)

Address: _____

Street Address or P.O. Box

City

Zip

Type of Contingent: _____

Number of Marchers: _____ Vehicles: _____

[___] Banner [___] Color Guard [___] Float [___] Marching Band

Other Attractions: _____

Awards/Accomplishments: _____

Other information to be considered for announcement: _____

Contact person responsible for your contingent:

Name: _____ Title: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-Mail: _____

Return this form by mail, e-mail, or fax to:

St. Patrick's Day Parade Committee, Inc.

Michael D. Byrne, General Chairman

142 Gordonhurst Avenue

Upper Montclair, NJ 07043

NewarkParade@gmail.com

Fax: (973) 746-3285

Contingents must be approved by the *St. Patrick's Day Parade Committee, Inc.* which reserves the right to exclude any person, group, vehicle, float, banner, or other feature(s) or material(s) deemed in the *Committee's* sole discretion to be objectionable, unsuitable, or incongruous with the purpose of the Committee as stated in its By-Laws.

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**List of your Contingent's Officers, Guests, or Dignitaries
to be considered for recognition from the Grandstand:**

(____) Organizational Letterhead or Other List with Names and Titles Attached

1. _____ Title: _____
2. _____ Title: _____
3. _____ Title: _____
4. _____ Title: _____
5. _____ Title: _____
6. _____ Title: _____
7. _____ Title: _____
8. _____ Title: _____
9. _____ Title: _____
10. _____ Title: _____
11. _____ Title: _____
12. _____ Title: _____
13. _____ Title: _____
14. _____ Title: _____
15. _____ Title: _____
16. _____ Title: _____
17. _____ Title: _____

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