

PLEASE RETURN THIS FORM TO:

QUEENS COUNTY PARADE COMMITTEE
PO. BOX 82
ROCKAWAY BEACH,
N.Y. 11693

OR

MICHAEL BENN
181 BEACH 112TH STREET
ROCKAWAY
N.Y. 11694

NAME OF UNIT _____

NAME OF PRESIDENT/CORR. SECRETARY _____

MAILING ADDRESS _____

PHONE NUMBER _____ TYPE OF UNIT _____

(CHECK ONE) () COMPETITIVE () NON-COMPETITIVE

NUMBER IN LINE _____ (BANDS ONLY) FEE \$ _____
NEGOTIABLE

BRIEF HISTORY OF UNIT FOR PUBLICITY _____

COMMENTS/QUESTIONS: _____

NOTE: POSITION IN THE LINE OF MARCH IS DETERMINED BY THE DATE
RESPONSE IS RECEIVED BY THE COMMITTEE..
