



2011 City of Lights Parade
Saturday, November 26, 2011
Participant Registration Form

Please type or print, fill out completely and return to:

Christopher Samaras
Cultural Affairs & Special Events Office
50 Arcand Drive, 2nd Floor.
Lowell, MA 01852
978-674-1481
978-446-7014 Fax

Registration Deadline: Friday, November 11, 2011
Please note: (no registrations will be accepted after this date)

Organization/Group Name: _____

Contact Person: _____

Telephone: _____

Address: _____

City, State, Zip _____

Email Address: _____

Secondary Contact Person: Phone _____

Parade Participation (please complete all boxes that apply and describe your group's entry)

Band/Musical Group _____

Civic Youth or Commercial Float: _____

Length of float including tow vehicle: _____

Marching unit with float? Circle one Yes / No

Marching Unit _____

Other information or special needs you may have: _____

Number of people who will participate: _____

_____ Adults _____ Children

Please note: your group is responsible for obtaining permission forms from parents/guardians of any children taking part in the parade.

There will be ABSOLUTELY NO THROWING of candy off floats!!!

If you have any questions or need further information contact
Christopher Samaras @ 978-674-1481 or via email: csamaras@lowellma.gov