

CHICOPEE PATRIOTIC PARADE
TELEVISION INFORMATION FORM

Name of Participant, Department or Organization:

Contact Information:

Name: _____

Phone Number: _____

Emergency Number in case of cancellation: _____

Name of person in charge:

Names of participants marching:

Number of Vehicles: _____ *Number of Floats:* _____

Description: _____

Other Parades participated in: _____

Brief Description of Department or History of Organization:

Email Address: _____

*Please complete and fax or mail to our office by **June 1, 2022.***

Department of Veterans' Services, City of Chicopee

36 Center Street

Chicopee, MA 01013

Phone: (413) 594-3470

Fax: (413) 594-3594

❖ PLEASE ENSURE YOU HAVE SUN SCREEN/ BOTTLED WATER