

PLEASE FILL OUT THE ENTRY FORM BELOW AND RETURN TO:

GALVA CITY HALL
311 N. W. 4TH AVE.
P.O. BOX 171
GALVA IL 61434

NAME: _____ DATE: _____

ORGANIZATION: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

TYPE OF ENTRY: WALKING UNIT _____ # OF FLOATS _____

OF TRACTORS _____ # OF VEHICLES _____ # OF HORSES _____

NAME OF ENTRY : _____

DESCRIPTION OF ENTRY (FOR REVIEW STAND): _____

PLEASE FEEL FREE TO MAKE AS MANY COPIES OF THIS FORM AS NEEDED. THANK YOU.