

**WHITEHALL TOWNSHIP  
HALLOWEEN PARADE ENTRY FORM**

**DATE:** Thursday, October 23, 2025  
**TIME:** 6:00 p.m.  
**NO RAIN DATE**



**\*THEME: HALLOWEEN**

***PLEASE PRINT OR TYPE ALL INFORMATION!***

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Description of Your Organization (for Media Recognition): \_\_\_\_\_

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**CLASSIFICATION (Check All Appropriate Boxes):**

- |  |   |
|--|---|
| <input type="checkbox"/> Marching Band         | <input type="checkbox"/> Float  |
| <input type="checkbox"/> Marching Unit         | <input type="checkbox"/> Car(s) / Motorcycle(s) / Truck(s) (circle one) |
| <input type="checkbox"/> Military Color Guard  | <input type="checkbox"/> Individual                                     |
| <input type="checkbox"/> Fire / Emergency Unit | <input type="checkbox"/> Other _____                                    |

**My signature guarantees that I/We will be committed to participating in the parade.**

\_\_\_\_\_  
(Signature) (Date)

**DEADLINE TO ENTER: FRIDAY, OCTOBER 17, 2025, by 4:00 p.m.**

Return by Mail to: Whitehall Township Recreation Office  
**Attn: Michele K. Dragovits, Parade Director**  
3219 MacArthur Road, Whitehall, PA 18052  
610-437-5524, ext. 1165 or Email: [mdragovits@whitehalltownship.com](mailto:mdragovits@whitehalltownship.com)

**\*PLEASE NOTE:** Entries will be judged on the following: ***HALLOWEEN THEME***  
A confirmation letter with your division assignment will be sent at a later date.