

**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): _____

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

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.