

ANOKA HALLOWEEN GRAND DAY PARADE
"HALLOWEEN CAPITAL OF THE WORLD"
October 28, 2017 - 1:00 P.M.

BAND APPLICATION FORM

ANOKA HALLOWEEN

(PLEASE PRINT OR TYPE)

PO BOX 128
Anoka, MN 55303

Official Band Name: _____

Name of School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Enrollment (grades 9-12): _____

We plan on competing in class: A _____ AA _____ EXHIBITION _____

Name of Band Director: _____

Band Office Phone Number: _____

Director's Home or Cell Phone Number: _____

E-Mail Address: _____

Number of Band Members: _____

Number of Buses: _____ Number of Auxiliary Vehicles: _____

Comments: _____

PLEASE LIMIT YOUR CHAPERONES TO 2 or 3 ON THE STREET WITH YOUR BAND

I certify that the above described band has full approval to participate in the Anoka Halloween Parade.

Band Director's Signature

Date



PS – We will e-mail you once your application is received