ANOKA HALLOWEEN

 LIGHT UP THE NIGHT PARADE

“HALLOWEEN CAPITAL OF THE WORLD”

October 22, 2O22 - 7: OO P.M.

**Anoka Halloween**

**PO Box 128**

**Anoka, MN 55303**

  **APPLICATION FORM**

 ***(PLEASE PRINT OR TYPE)***

Official Band Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Band Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Band Office Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Band Members:\_\_\_\_\_\_\_\_\_\_\_

Number of Buses:\_\_\_\_\_\_\_\_\_\_\_ Number of Auxiliary Vehicles:\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.

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 Band Director’s Signature Date