

2021 City of West Haven Memorial Day Parade

Date: Monday, May 31, 2021

Before completing the parade reservation form, please read the below rules for participation in this year's Memorial Day Parade. This year's parade is scheduled in accordance to guidance from Governor Lamont and the CT Department of Public Health.

- **All marchers and parade participants must wear face masks in accordance with CDC guidelines.**
- **Social distancing of 6 feet must be maintained while marching or participating while driving/riding in a car, truck, float or trailer.**
- **We will adhere to current and future state and CDC guidelines.**
- **Marching bands must maintain a 9 foot social distance while playing.**
- **The City of West Haven maintains the right to refuse a group or organization from participating at the time of the parade if the rules are not being adhered to.**

*****By completing the 2021 parade reservation form, you and your group or organization is agreeing to the above rules*****

If you have any questions, please call the West Haven Mayor's Office at (203)-937-3510.

**2021 City of West Haven
Memorial Day Parade Reservation Form
Date: Monday, May 31, 2021**

NAME OF ORGANIZATION: _____

WE WILL / WILL NOT (Circle an option) be able to participate in the 2021 Memorial Day Parade.

Name	Title
------	-------

Street	City	State	Zip
--------	------	-------	-----

Type of Unit: _____ Age Range: _____

Approximate number in your group: _____

Does your unit include a band? _____ No. of Pieces: _____

Type(s) of musical instruments: _____

Does your unit include a color guard? _____ With flags? _____ With banners? _____

Does your unit wear uniforms? _____ Describe: _____

Will you have a float/truck/trailer/car? YES / NO (Circle)

Describe: _____

Will you have an Ipod/speakers/music playing? _____

Send parade orders to:

Contact person: _____

Telephone number with area code: _____

Email Address: _____

Mailing Address: _____

Comments/Requests: _____

By completing this parade reservation form,
you and your group or organization is agreeing
to the above rules. _____ (Initial)

Signature: _____

RETURN BY: May 3, 2021

Please mail or fax this completed form to:
Memorial Day Parade, c/o Mayor's Office
355 Main Street, West Haven, CT 06516
Fax (203)-937-3705