

# PARADE ENTRY FORM

(PLEASE PRINT AND INCLUDE ALL INFORMATION REQUESTED)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**DONATION INCLUDED \$** \_\_\_\_\_

CHECKS PAYABLE TO CANNON VALLEY FAIR

**OR FEE REQUIRED \$** \_\_\_\_\_

(NON-COMMERCIAL ENTRIES HIRED BY FAIR BOARD)

MINIMUM SPACE REQUIRED FOR LINE UP \_\_\_\_\_

MUSIC/BAND WITH ENTRY? \_\_\_\_\_

ANIMALS? \_\_\_\_\_

**ANNOUNCEMENT FOR VIEWING STAND**

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RETURN FORM, INSURANCE CERTIFICATE AND DONATION TO

TOM & STEPHANIE FOX  
109 GROVE ST  
CANNON FALLS MN 55009  
507/263-3535  
[CFParade@hotmail.com](mailto:CFParade@hotmail.com)

DON'T FORGET...WE NEED PROOF OF INSURANCE, ASK YOUR AGENT FOR A CERTIFICATE