Travis County and the City of Austin Veteran's Day Parade

APPLICATION FORM 2009

8/14/09

The organization named herein requests consideration as a participant in the Austin – Travis County Veterans Day Parade. The undersigned warrants that he/she is empowered to sign for the applying organization. All Adult organizations are asked to make a minimum donation of \$25 (or more if desired). ALL Youth Organizations are FREE! – Thanks you!

| Name of organization : | |
|--|--|
| Point of Contact : | Phone Number : |
| Title : | Fax : |
| Application Submitted By : | |
| Email Address : | |
| Mailing Address: | |
| | |
| Will your unit be planning to lay a wreath du | ring the memorial service at the Capital? YES NO |
| Will our unit use Vehicles or floats in the para | ade? Yes No Number of vehicles/floats: |
| Approximately how many people in your un | it or group will be participating? : |
| Please include a breif description of your org | ganization to be annouced form reciving stand: |
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| Make Checks Payable To: | |
| Veterans Day Committee | |
| Please do not send cash. | |
| Amount \$ | |

Please Note: We cannot underwrite any of the participating units' expenses, so plan accordingly. Units/Groups must provide own insurance.

Mail or Fax Application To:

TRAVIS COUNTY VETERANS SERVICE OFFICE P.O. Box 1748
Austin, TX 78767
Fax: 512-854-4453

For more information call: 512-854-9340