

VILLAGE OF HIGHLAND FALLS

303 Main Street
Highland Falls, New York 10928

Date Received: _____

Telephone: 845-446-3400

Fax: 845-446-2952

Event/Parade Information Form

Name of Event/Parade: _____

Sponsoring Person(s) or Organization: _____

Address: _____

Event/Parade Chairman:

Name: _____

Address: _____

Telephone No.: _____

Event/Parade Chairman's Assistants:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Purpose of Event/Parade:

Proposed Date of Event/Parade: _____

Location of Staging Area: _____ Time: _____

Location of Disbanding Area: _____ Time: _____

Exact Route of Event/Parade: (describe and attach map of proposed route)

Will Even/Parade be in Street: ___ Yes ___ No Sidewalk: ___ Yes ___ No

Number of People Expected in Event/Parade: _____ Adults: _____ Children: _____

Number of Cars: _____ Number of Trucks: _____

Number of Bands: _____ Number of Marching Units: _____ Number of Floats: _____

Number (and kind) of animals: _____

Any Sound Amplification Equipment? ___ Yes ___ No

Description of Sound Amplification Equipment: _____

Will Local or State Police be Required to Assist Event/Parade Personnel?

___ Yes ___ No How Many Police Required: _____

Please provide any additional information that you believe may assist the Village in maintaining order, protecting the health, welfare and safety of its residents and the participants in your event or parade: _____
