

**PLEASE COMPLETE & RETURN YOUR ENTRY BY
April 16, 2025**

Please complete the information which pertains to your entry:

NAME OF UNIT:

Marching Group _____ with music _____ no music _____

Vehicle (old or new) Year _____ Make _____

Horses & Ponies _____

Adult float _____ Youth float _____

Other: Please Specify _____

BRIEF DESCRIPTION OF YOUR ENTRY/GROUP information for the announcers: 25 words or less

Entry date: _____ Sat. April 26th _____ Sun. April 27th

Contact Person _____ Phone: _____

Address: _____

Commercial Units: PLEASE MAKE YOUR CHECKS PAYABLE TO
GEAUGA COUNTY MAPLE FESTIVAL

Return to: Kathy Dufur, Parade Chairman, 219 Allynd Blvd
Chardon, OH 44024
440-669-5658

PARADE THEME:

_____ Sweet Maple Magic

