

FOR OFFICE USE ONLY AWARD _____ AMOUNT PAID _____
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**DUQUOIN STATE FAIR
TWILIGHT PARADE
Entry Form**

Name of Unit _____

Name of Business/Organization _____

Contact Person _____ Home Telephone _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Type of Entry (Please check one)

_____ Float _____ Vehicle _____ Marching/Walkup Group _____ Animal Unit
 (# of members)

Will there be music played from your unit? () YES () NO

Please give us a brief description of your entry or float _____

After reading all operational procedures or guidelines to this year's DuQuoin State Fair Twilight Parade, I hereby agree that the organization and or I will follow these procedures. I (We) do realize that we can be asked to leave the parade at anytime for breaking those procedures or guidelines. I (We) agree that at no time are gifts, candy or printed materials to be THROWN from our entry.

SIGNATURE _____ DATE _____

Submit to: DuQuoin State Fair, Special Events Department
 655 Executive Drive, DuQuoin, IL 62832
 Telephone: 618/542-1515 (Voice/TTY) Fax: 618/542-1541

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans with Disabilities Act, any attendee requiring a reasonable accommodation should notify us by August 21, 2015.

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