

PENNSYLVANIA STATE LAUREL FESTIVAL
P.O. BOX 733
WELLSBORO, PENNSYLVANIA 16901

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE.

NAME OF UNIT: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NAME OF UNIT DIRECTOR: _____

PHONE # FOR DIRECTOR: _____ EMAIL: _____
(AREA CODE)

TYPE OF UNIT: _____

NUMBER IN UNIT _____ JUNIOR UNIT (AGES 8-14): _____ SENIOR UNIT (AGES 15-UP) _____

OF CHANGING ROOMS NEEDED: _____ DO YOU NEED SEPARATE MALE/FEMALE
CHANGING ROOMS? _____

BUSES YOU WILL BE BRINGING: _____ #OF CARS YOU WILL BE BRINGING _____

FOR PUBLICITY:

UNIT'S NICKNAME: _____

MAJOR EVENTS IN WHICH YOUR UNIT HAS PARTICIPATED:

OTHER INFORMATION ABOUT YOUR UNIT: _____

**THERE WILL BE NO SMOKING OR DRINKING OF ALCOHOLIC BEVERAGES PERMITTED ON THE
SCHOOL GROUNDS. VIOLATORS WILL BE ASKED TO LEAVE AND NOT PARTICIPATE IN THE
PARADE.**