

# City of Franklin

7 PM

**BANDS**

**THEME: Through The Eyes of a Child**



Date: \_\_\_\_\_

School/Band Name & Mascot Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Contact Person(s): \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

How many members will be participating in your group? \_\_\_\_\_

**Estimated Space (footage) is required for line-up.** \_\_\_\_\_

Will your organization perform (time limited to 3 minutes):  Yes  No

Provide a description of your organization (information will be read as you pass the Master of Ceremonies stand):

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Fax Form to: (757) 562-5666

Mail Form to: Downtown Franklin Association, Inc., 120 South Main Street Franklin, Va., 23851

Email form to: [downtownfranklin@beldar.com](mailto:downtownfranklin@beldar.com)

Additional parade logistics will be mailed and emailed to the contact person(s) listed above.