**Sherman Day Committee**

**PO Box 1**

**Sherman, NY 14781**

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Organization Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type

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Contact Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s address & telephone number

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Number of units/People in the group

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Brief description of Entry

Return form by July 25th, 2019 to:

**Sherman Day Committee/Parade**

**P O Box 1, Sherman, NY 14781**

**Thank you for your participation. Feel free to copy this form for other**

**Organizations or individuals to sign up of our event.**