



Baron Chamber Fall Fest Parade

Please print and complete all information:

Organization/Entry Name: _____

Contact Person _____

Address: _____

City/State: _____

Email: _____

Phone# _____

Entry Category (*Check One*)

_____ Truck/Single Car

_____ Marching Band

_____ Animal Mounted Unit

_____ Emergency Vehicle

_____ Float

_____ Other (*Please Explain*) _____

Approx. Float Length _____

Information for Announcer: _____

Email to barronchanber@barronchamber.com

Or mail to: Barron Chamber, P O Box 53, Barron, WI 54812

Questions call- 715-537-3141 Jan Jorgenson