

Description: Please attach a brief description and/or Bio with a photograph.

Tour Group Operator: _____

Address: _____

State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ Cell: _____

Email: _____ Fax: _____

Anticipated Arrival: _____ Departure: _____

Transportation: Bus Airline Other

Tour Group Operator Signature: _____

Print Name: _____

Title: _____

Date: _____

Is an Honorarium Requested: _____ # of Participants _____

Please note: Honorarium will be pro-rated according to the number participating in the Line of March on parade day. If you agree, please sign below and return for review and approval.

Accepted: _____ Date: _____

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Approved _____ Dis-approved _____

Date: _____

Inspected by (Division Commander): _____

Date: _____ Number of Participants: _____

Marching Band Signature: _____