

**Saline County Fair Association**  
**TRI-RIVERS FAIR**  
**PARADE ENTRY FORM**

Name of organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Night Phone # \_\_\_\_\_

E-mail Address (**MUST** be provided): \_\_\_\_\_

Please write the number of units next to the appropriate entry category:

\_\_\_\_\_ Antique Auto/Truck                      \_\_\_\_\_ Float                      \_\_\_\_\_ Car/Van/Truck

\_\_\_\_\_ Horse    \_\_\_\_\_ Walker                      \_\_\_\_\_ Band

\_\_\_\_\_ Large Equipment (approx. length \_\_\_\_\_ )

\_\_\_\_\_ Other (describe) \_\_\_\_\_

Please tell us something about your organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form and entry fee to:

**Tri-Rivers Fair-Parade**

**P.O. Box 124**

**Salina, KS 67402-0124**

**\*\*\*MUST INCLUDE ENTRY FEE TO ENTER\*\*\***

**For Office Use:**

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

Check # & Amount: \_\_\_\_\_