

Will you be attending Gilman Dairy Days Parade?

Yes _____ No _____ Check if address change _____

Name/Organization _____

Address _____

City/St/Zip _____

Phone _____

Names of Queens or info for announcing purposes:

What kind of unit and how many will you be bringing?

Queen/float _____

Marching unit/walking _____

Car _____

Pickup truck _____

Float _____

Large truck _____

Other _____

Mail completed form to:

Cheryl Rosemeyer

515 S 8th Ave.

Gilman, WI 54433