

City of Rugby Parade Permit Application

Name of Organizer: _____

Mailing Address of Organizer: _____

City, State, Zip: _____

Organizer Cell Phone #: _____

Organizer email address: _____

Reason for application: ___Funeral ___Procession ___Parade
(check one)

Date of Parade: _____ Beginning Time: _____

Ending Time: _____

Estimated number of units or participants: _____

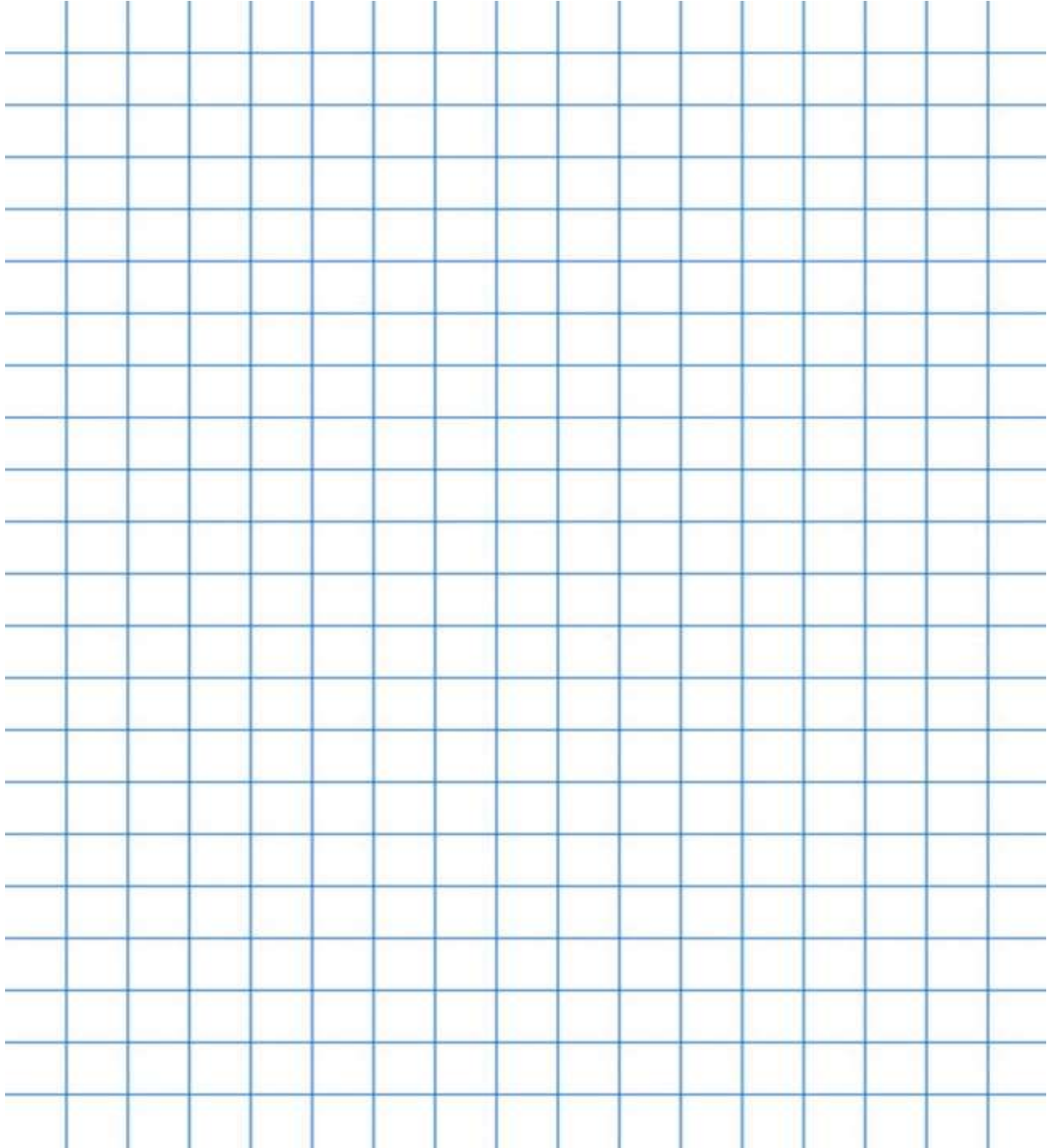
Signature of Organizer: _____

Date: _____

Signature of Chief of Police or his designee:

_____ Badge # _____ Date: _____

Please, clearly, draw and label Streets and Avenues that the route is designated. Any stops along the way also must be clearly indicated, with an approximate duration of time stopped. Please indicate, clearly, the beginning of the route and the end of the route on the diagram.



Initials of Chief of Police or his designee: _____/Badge# _____