Skipjack Festival & Race Parade

Registration

Organization Name: _____

Type of Business: _____

Name of Participants: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

How many participants: _____ How Many Vehicles _____

Type of Presentation:_____ Music: Yes or No _____

Special Assistance Needed _____

_____

Other: _____

Please Complete and Return to:

Dawn Whitelock
11528 Long Point Road
Dames Quarter, MD 21821

whitelock.dawn@gmail.com