2009 SEAMAR FIESTAS PATRIAS PARADE PARTICIPANT FORM

Thank you for your interest in participating in our 2009 Fiestas Patrias Parade **Saturday, September 19, 2009**. Please complete the following information and return it to the address shown below. **The deadline to return the form is September 4, 2009.**

The parade begins at 11:00 a.m. and the staging begins at 9:30 a.m. You will be contacted as soon as possible with staging and route information, and again prior to the date of the parade to confirm your participation. **In addition to the submitting the form, you shall need to submit a biography of yourself or your group with this form. The biography should be no longer than 4 lines. This biography can be either in English or Spanish or Both.** Thank you.

Name of Participant or Group: _____

Mailing Address: _____
Street Suite (Apt)

_____
City State Zip Code

Contact Name: _____

Title: _____

Contact Phone: ( ) - _____

Email Address: _____

Number in Group? _____ Age Group: Adults (18 – 59) _____

Children (0 – 17) _____

Seniors (60 – 100+) _____

Will a vehicle be used? ☐YES ☐NO If YES, what Length: _____

Type of Business: _____

Please send the completed information to the address listed below.

Sea Mar Community Health Centers
Attn: Fiestas Patrias - HR
8800 – 14th. Ave. S.
Seattle, WA 98108

For an electronic form please email lupetoca@seamarchc.org or jimarteaga@seamarchc.org. For additional information call Jim at (206) 764-0520 or Lupe at (206) 764-8051. If you prefer to fax the form enclosed, our fax number is (206) 764-8061.

Sea Mar Community Health Centers is hosting a festival immediately following the Parade. The festival is free to the public but a tax percentage will be collected from booths and vendors. If you would like information regarding booths for the event, please contact Ninfa Quiroz at (206) 764-4704. If you would like a phone call from Lupe to discuss your participation in the parade, please mark ☐YES ☐NO. Thank you.

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