



**New York City
CENTRAL LABOR COUNCIL**
AFL-CIO



LABOR DAY PARADE
INFORMATION RESPONSE FORM

Local Union/Organization: _____

President/Principal Officer: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contingent to be headed by: _____

Special Guest: _____

Number of participants expected in Parade # _____

Number of Bands # _____

Number of Floats # _____

Introduction of your contingent to be announced:

THE ABOVE INFORMATION SHOULD BE AS ACCURATE AS POSSIBLE DUE TO POLICE DEPARTMENT RULES AND REGULATIONS.

PLEASE RETURN THIS FORM TO:
(FAX OR MAIL)

PARADE COMMITTEE
NEW YORK CITY CENTRAL LABOR COUNCIL
275 SEVENTH AVENUE, 18TH FLOOR
NEW YORK, NY 10001

FAX: 212-604-9550

PLEASE RETURN THIS FORM ASAP