

Hello, my name is Rosenda Henley and I am the Parade Coordinator for Wilbur's Wild Goose Bill Days 2022 celebration to be held May 21, 2022.

We hope that you will be able to join us on the third Saturday in May this year for our annual Wild Goose Bill Days celebration and parade. The judging begins at 9:00 a.m. with the parade following at 10:00 a.m.

I look forward to hearing from you in response to being in our parade line-up. Please fill out the form below or online and return it to:

**Attention Parade Coordinator  
Rosenda Henley  
P.O. Box 111  
Wilbur, Washington 99185**

If you know of someone who might also be interested in joining us, a registration form may be obtained at [www.wilburwachamber.com](http://www.wilburwachamber.com) or [www.visitlincolncountywashington.com](http://www.visitlincolncountywashington.com). If you are unable to attend this year's parade, but are interested in being contacted for next year's event, please fill out that information below and return the form. If you have an email address, you may also email me with the information at [RHenley@pfp.org](mailto:RHenley@pfp.org)



*Please Cut and Return Bottom Portion of This Form.*

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\_\_I am not able to attend but I am interested in receiving future invitations.

Name(s): \_\_\_\_\_

Business of Company Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Entry: \_\_\_\_\_

Please describe how you would like your entry announced: \_\_\_\_\_

\_\_\_\_\_  
(Use Back of Form For Additional Description) \_\_\_\_\_

**Hold Harmless Agreement (must be signed by person(s) in charge)**

I (we) hereby agree to hold harmless and defend any action(s) against the Wilbur Area Chamber of Commerce, Parade Committee Members, Parade Coordinator, Parade Volunteers, Wild Goose Bill Days Committee and/or Town of Wilbur against any and all liabilities whatsoever arising out of our participation in Wilbur's Wild Goose Bill Days Celebration and Parade for May 21, 2022. All motorized vehicles must provide their own insurance.

Signature: \_\_\_\_\_ Title \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_