

MEMORIAL CEREMONY ATTENDEES

YOUR NAME _____

NAME OF ORGANIZATION REPRESENTED _____

WREATH PRESENTER'S NAME & TITLE _____

-YOU MUST PROVIDE YOUR OWN WREATH AND REMOVE IT AFTER THE CEREMONY-

Briefly describe your group or organization: _____

WHEN YOUR WREATH IS BROUGHT TO THE CEMETERY TO BE DROPPED OFF, PLEASE SIGN IN ON THE CLIP BOARD AT THE MEMORIAL AREA, AND GIVE US ANY CHANGES TO THE ALREADY SUBMITTED INFORMATION i.e., ANY CHANGES TO PRESENTER OR NAME OF SAME.

ADDITIONAL INFORMATION NEEDED TO AID IN STAGING AND LINE-UP.

SINCERELY,

THE PARADE COMMITTEE