

City of Camilla
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PARADE/MARCH/ASSEMBLY APPLICATION

SELECT: PARADE MARCH ASSEMBLY

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____

EMAIL ADDRESS: _____

ORGANIZATION (if applicable): _____

PURPOSE OF PARADE/MARCH/ASSEMBLY: _____

PARADE/MARCH/ASSEMBLY ROUTE (be specific): _____

NUMBER OF VEHICLES: _____ NUMBER OF FLOATS: _____

NUMBER OF PEOPLE: _____ OTHER: _____

DATE OF EVENT: _____

START TIME: _____ END TIME: _____

I CERTIFY I HAVE EXAMINED THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. A PHOTO COPY OF APPLICANT IDENTIFICATION IS REQUIRED TO PROCESS APPLICATION.

APPLICANT SIGNATURE

DATE

APPROVED

APPROVED

DENIED

DENIED

Signature – Police Chief

Signature – City Manager