

Camillus Memorial Day Parade 2025

YES! I want to support the 78th Annual Camillus Memorial Day Parade

Enclosed is my check in the amount of \$ _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Bronze \$25.00 – 49.00

Silver \$50.00 – 99.00

Gold \$100 – 499.00

Platinum \$500 & up

With a donation of \$250.00 or more a star will be placed on the “**Be A Star...Buy A Star**” board, and will have your business or name inserted into the final copy of the Camillus Memorial Day Parade recording.

We also have the “**Be A Star...Buy A Star**” program, \$10.00 for a star with your name, the name of someone you wish to be Honored / Memorialized, or your business.

Name on Star _____

(if this is a new star you will be contacted for more information)

Please make checks payable to “Camillus Memorial Day Committee” and mail to: Camillus Memorial Day Committee, PO Box 243, Camillus, NY 13031 or visit our webpage or Facebook for the PayPal and Venmo information. In order to meet our printing deadline for the pamphlet, your contribution needs to be received by May 16, 2025.

**THANK YOU FOR KEEPING THIS IMPORTANT COMMUNITY EVENT
ALIVE, WELL AND GROWING**

Participation



Camillus Memorial Day Parade 2025

PARTICIPATION FORM

Please fill out the form below and send email to camillusparade@gmail.com - OR - download the form and mail it to Camillus Memorial Parade, P.O. Box 243 Camillus, NY 13031. Deadline for forms is May 16th, 2025.

Our group will participate in the Parade	_____	Yes	_____	No
We will enter a float / vehicle (s)	_____	Yes	_____	No
We will have a color guard	_____	Yes	_____	No
We will have music	_____	Yes	_____	No

Number of participants under 13 _____ / Number of Adults _____
of Vehicles _____ (_____ Cars / _____ Vans / _____ Pick Ups)
of Floats 15 – 20 ft _____ Over 20 ft _____

***Please let us know if you have any questions regarding special needs for your vehicles or the people participating, so that we may accommodate your group.**

Name of organization: _____

Contact person: _____

Address: _____

City: _____ State, _____ Zip _____

Telephone: day _____ evening _____

Fax: _____ E-Mail _____

Please include a short (30 word) description of your group or service.

Participants should be in the Village between 8- 8:30am and meet committee members at the intersection of W. Genesee St. and Maple Dr. or on W. Genesee Tpke to direct you to your position for lineup, **roads into the village close at 8:45am.**

Distributing candy is okay but, for safety, please hand out candy or gently throw along the ground and out of the road instead of tossing through the air into the crowd. No pamphlets please; coupons are okay.

Antique vehicles must be inspected and meet NYS guidelines. If you have any questions, call Sue Rogers (315) 396-5437 or email us at camillusparade@gmail.com

Donation

