

*Rotary Club of Kalamazoo Sunrise and Charlie's P.L.A.C.E.*

Charles E. Parker, Chair  
1911 Krom St.  
Kalamazoo, MI 49007  
(269) 501-9971(c)  
(269) 443-2116 (fax)  
judocp@hotmail.com

**Dear Sir or Madam:**

**You and/or your organization are invited to participate in the annual Kalamazoo County Memorial Day Parade. The parade will start at 10:00 a.m., Monday, May 30, 2022. The parade will follow the traditional route from downtown, starting on Michigan St. in front of the Kalamazoo County Building to Riverview, up Riverview to Gull Road. The parade route ends at Gull Road and Riverview. For those of you who want to attend the program at the Riverview Cemetery, turn right onto Gull Road and stop at the flagpole in front of the cemetery. Parking will be available across the street.**

**As in the past years, we are trying to expand the parade participation. We encourage you to consider having a float in the parade that reflects one of the important themes of Memorial Day: recognition of those who served our country in the military, the memory of deceased veterans, and respect for America, its values and accomplishments. We encourage participation by marchers, bands, appropriately decorated floats and vehicles, etc.**

**You may copy this invitation and pass it on to other organizations or individuals who would like to participate in this year's parade. If you have any questions or need more information, please contact Charles E. Parker at the above phone number or email address.**

PLEASE RETURN THIS REGISTRATION FORM TO CHARLES E. PARKER BY MAY 20, 2022

**Once I have received your registration form, I will send you your staging area information with 48 hours. You will get your line up information from the parade Marshals when you check in to your staging area on Memorial Day.**

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*Cut Here*

**Organization** \_\_\_\_\_

Band \_\_\_ Color Guard \_\_\_\_\_ Float \_\_\_ Motor Vehicle(s) \_\_\_ Drill Team \_\_\_

How Many People \_\_\_\_\_

**If your unit has to stop during the parade to perform a routine mark here (2-minute limit)** \_\_\_\_\_

*Please print the name and address of person to receive parade instructions.*

Contact person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_