






**Meningie  
PROGRESS  
Association**

Meningie Progress Association Inc  
PO Box 252  
Meningie SA 5264  
meningieprogress@hotmail.com  
ABN 77 255 945 936  
Bobby-Jo 0458 131 522

Dear Participant

The 2018 Meningie Christmas Festival will be held on **Sunday the 9<sup>th</sup> of December**. We'd love you to be a part of it! Please complete and return the enclosed application form if you would like to enter.

Please be aware of a couple of Committee rules which may affect your entry:

-  In the interests of safety, objects (lollies, flowers etc) are not to be thrown by participants; however you may issue such items by hand.
-  All participants must comply with all instructions given to during the event by Pageant Marshals.
-  Application forms must be received by Tuesday **4<sup>th</sup> December**.

Entrants not willing to comply with these rules may be refused entry.

You will be required to be in the starting position by **3.30 pm**, please report to the marshal station upon your arrival to obtain your starting position for **4.00pm** start.

If you have any queries regarding the pageant, please contact me on the number listed above.

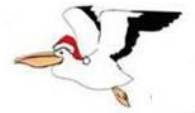
Hoping to see you on Pageant Day!

*Bobby-Jo*

Bobby-Jo May  
Pageant Sub-Committee  
Meningie Progress Association Inc.



**APPLICATION FOR ENTRY  
2018 MENINGIE CHRISTMAS FESTIVAL**



**Please complete and return to: PO Box 252, Meningie SA 5264  
no later than 4th December 2018**

**NAME OF GROUP:**

**MAILING ADDRESS FOR GROUP:**

**CONTACT PERSON FOR GROUP**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ After Hours: \_\_\_\_\_

**TITLE OF FLOAT** \_\_\_\_\_

**BROADCAST DETAILS FOR FESTIVAL DAY**

**APPROX. NUMBER OF PARTICIPANTS INVOLVED DURING PAGEANT** \_\_\_\_\_

**FLOAT WILL BE DRIVEN/TOWED BY** Truck [ ] Tractor [ ] Car [ ] Other \_\_\_\_\_

**PLEASE INDICATE ONE OF THE FOLLOWING CATEGORIES TO DESCRIBE YOUR ENTRY:**

- SCHOOL GROUP OR SCHOOL CLUB
- BUSINESS, COMMERCIAL
- COMMUNITY GROUP, CLUB, NON-PROFIT

**ANY OTHER NOTES / INFORMATION** \_\_\_\_\_

**Thanks for participating!!**



PO Box 252  
Meningie SA 5264  
ABN 77 255 945 936

**16<sup>th</sup> Annual Christmas Pageant "PARTICIPANTS REGISTER"**

Float Name: \_\_\_\_\_

	<b>PRE – Registration Full Name of each participant</b>	<b>OFFICE USE ONLY Present On Pageant Day</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

**OFFICE USE ONLY**

FLOAT NUMBER: \_\_\_\_\_ NUMBER OF PARTICIPANTS ON DAY: \_\_\_\_\_