

**MARDI GRAS 2016 REGISTRATION FORM**

**SPECIAL SEATING AREA**

RETURN NO LATER THAN MONDAY, FEBRUARY 1, 2016

PLEASE PRINT:

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NUMBER OF CLIENTS: \_\_\_\_\_

(IF APPLICABLE)

WHEELCHAIR CLIENTS: \_\_\_\_\_

PARKING PASSES NEEDED:

VAN: \_\_\_\_\_

CAR: \_\_\_\_\_

TOTAL: \_\_\_\_\_

BUS: \_\_\_\_\_

AS SOON AS I RECEIVE YOUR FORM, I WILL SEND YOUR PARKING PASS/ES.

PLEASE MAIL FORMS TO:

CITY OF BILOXI

ATTN: MELBA MCILWAIN/CHERYL BELL

P. O. BOX 775

BILOXI, MS. 39533

EMAIL: [cbell@biloxi.ms.us](mailto:cbell@biloxi.ms.us)