Grand Marshal Nomination Form

Name of Nominee: _____

Nominee Contact Info: _____

How long have they been a Park Hills Resident? _____

What merits this person to deserve to be Grand Marshal? _____

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Name of Nominator: _____

Nominator Contact Info: _____

Please email this form to parade@phcahub.org or mail it to the City Building 1106 Amsterdam Rd, Park Hills, KY 41011