



Portugal Day Committee

Elizabeth, New Jersey

P.O. Box 6738, Elizabeth, New Jersey 07206-6738 ❖ Tel: (973) 477-0190
info@ElizabethPortugalDay.com ❖ www.ElizabethPortugalDay.com

45th Anniversary
1978 – 2023

Board of Directors

Mr. Jorge DaCosta
President

Mr. Sergio Granados
Portugal Day Committee Liaison

Mr. Rogerio Pestana
Mrs. Tanya Canelo
Mr. Nelson Costa
Co-Vice Presidents

Mrs. Carla Rodrigues Da Silva
Mrs. Jennifer Ramalho
Co-Secretaries

Mrs. Jennifer DaSilva Costa
Mrs. Idalina Lopes
Co-Treasurers

Mr. Nicholas Almeida
Mrs. Maria Z. Carvalho
Mr. Steve Soares
Co-Public Relations

Mrs. Jacqueline E. Castanheira
Ms. Nancy Dionisio
Co-Pageant Coordinators

Mrs. Melissa Sintra Costa
Mrs. Jennifer Ramalho
Co-Parade Coordinators

Mr. Manny Grova Jr.
Mr. Jaime Lopes
Co-Golf Outing Coordinators

Mrs. Maria Torres
Mrs. Isabel Bastos
Co-Wine Tasting Coordinators

Mrs. Isabel Bastos
Mrs. Maria Carvalho
Co-Soccer Club Coordinators

Mrs. Maria M. Matos
Mrs. Maria Almeida
Co-Fishing Derby Coordinators

Mrs. Maria Almeida
Immediate Past President

Padre Nuno Rocha
Pastor

Affiliate Organizations:

P.I.S.C. of Elizabeth
P.I.S.C. Nova Mocidade
Rancho Danças e Cantares de Portugal
Escola Amadeu Correia
Our Lady of Fatima Parish
Juventude De Deus
Knights of Columbus
Elizabeth Portuguese Lions Club
Elizabeth Portuguese Leo Club
Elizabeth Youth Soccer
Portuguese American Police Association
Portuguese American Government Association

Portugal Day Parade 2023 Contingent Participation Application

*** EVERY ORGANIZATION WANTING TO PARTICIPATE MUST COMPLETE THIS APPLICATION TO BE INCLUDED IN THE PARADE LINE UP***

Organization/ Contingent Name: _____

Contact Name: _____

Contact Information

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Organization Address: _____

Street

City,

State

Zip Code

DESCRIBE YOUR CONTINGENT:

[CHECK ALL THAT APPLY]

- _____ Float
- _____ Walking/Marchers (Estimate number of walking in parade contingent: _____)
- _____ Open Car (License Plate No.: _____)
- _____ Band
- _____ D.J.
- _____ Other (Please Describe: _____)

***YOU WILL BE CONTACTED BY A MEMBER OF THE COMMITTEE WITH SPECIFIC DETAILS ON WHERE YOUR CONTINGENT IS TO ASSEMBLE FOR THE PARADE.**

Return this Sheet by Friday, May 19, 2023

e-mail to: contingents@elizabethportugalday.com

fax to: (908) 354-9095

**or mail to: Portugal Day Committee
P.O. Box 6738
Elizabeth, New Jersey 07206**



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Elizabeth Portuguese Leo Club
Elizabeth Youth Soccer
Portuguese American Police Association
Portuguese American Government Association

PARADE ANNOUNCEMENT FORM

GROUP # _____
[TO BE COMPLETED IN BY COMMITTEE]

*** PLEASE NOTE THE FOLLOWING INFORMATION***

PLEASE WRITE INFORMATION EXACTLY AS YOU WOULD WANT THE
MASTER OF CEREMONIES TO ANNOUNCE YOUR ORGANIZATION.

PLEASE BE SURE TO INCLUDE GENERAL AND IMPORTANT INFORMATION [I.E. BEGINNING DATE OF ORGANIZATION, PURPOSE, HISTORY, ETC.]

GROUP NAME: _____

YEAR ESTABLISHED/FOUNDED: _____

PRESIDENT NAME: _____

**3 IMPORTANT FACTS ABOUT YOUR
ORGANIZATION YOU WANT ANNOUNCED:**

1. _____

2. _____

3. _____



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2023 Elizabeth Portugal Day Parade

Participant Authorization

Injury Waiver & General Release Form

As the person retrieving the parade lineup instructional packet I do hereby certify that I am an authorized Agent of my Organization, and as such have full authority to sign this Authorization, waiver and release. As a participant in the Portugal Day Parade, Elizabeth, NJ I acknowledge that participation in the Events exposes me and my organization to a possible risk of personal injury. I hereby release Portugal Day, Inc., and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates (collectively, the "Company"), and any Sponsors (as hereinafter defined) of the Events, from any and all liability from property damage, personal injuries or other claims arising from or in connection with my participation in the Events including claims that are known and unknown, foreseen and unforeseen, future or contingent. I have been advised by Portugal Day, Inc. that we have a right to obtain, and we should have, our own insurance for this event to protect and indemnify us. For good and adequate consideration, the receipt of which is hereby acknowledged, I hereby grant, release, quitclaim and irrevocably release to the Company and the Company's sponsors of the Event, the right and authority (but not the obligation) in perpetuity throughout the world, in all media, now or hereafter known, to use, sell, reproduce, and distribute (in any manner they deem appropriate, and without limitation), quoted material, biographical information, my actual or fictitious name, my photograph, likeness, recorded voice or videotaped filmed appearances obtained in connection with the Events (the "Materials"), to use in connection with a Grantee's programs, products and promotional and advertising purposes as the Grantee, in its sole discretion, will deem appropriate. I waive any rights of privacy and/or publicity that I might otherwise have with regard to the use and display of the Materials and any derivative work of the Materials. No use of my name, voice and or likeness shall be the basis of any future claim of any kind against any Grantee, or its agents, licensees, successors and assigns, and I hereby release the Grantees from any and all claims, liabilities or damages arising out the rights granted hereunder, or the exercise thereof. I covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Company and/or its Sponsors, arising out of or relating to the actions, cause of action, claims and demands hereby waived, released or discharged by me. I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver and Release Form. This agreement will be binding on me personally, my organization listed below, any and all members of that organization participating in this event, my and their spouse, children, legal representatives, heirs, successors and assigns.

Please print:

DATE: _____

ORGANIZATION NAME: _____

AUTHORIZED AGENT: _____

AGENT SIGNATURE: _____

**THIS FORM MUST BE COMPLETED BY EACH PARTICIPATING CONTINGENT AND
SUBMITTED TO THE PDC COMMITTEE PRIOR TO PARADE DAY. PLEASE E-MAIL
FORM TO CONTINGENTS@ELIZABETHPORTUGALDAY.COM**