

41st Anniversary 1978 - 2019

Board of Directors

Mrs. Maria R. Almeida President

Mr. Jubilo Afonso Mrs. Maria M. Matos Co-Vice Presidents

Mrs. Carla Rodrigues Da Silva Mrs. Michelle S. Afonso Co- Secretaries

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

> Mr. Nicholas Almeida Mr. Joaquim Martins Mr. Rogerio Pestana Co- Public Relations

Mrs. Jacqueline E. Castanheira Pageant Coordinator

> Ms. Jennifer Costa Parade Coordinator

Mr. Manuel Grova, Jr. Golf Outing Coordinator

Ms. Andreia Da Costa Immediate Past President

Monsignor Joao Antão Honorary Pastor

> 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 Knights of Columbus Elizabeth Portuguese Lions Club Elizabeth Youth Soccer Portuguese American Police Association Portuguese American Government Association

Portugal Day Comunittee

Elizabeth, New Jersey

P.O. Box 6738, Elizabeth, New Jersey 07206-6738 ***** Tel: (908) 377-3140

Portugal Day Parade 2019 **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:			
Thone Number.		rax number.			
E-mail Address: _				_	
Organization Address:	· 				
8	Street			_	
	City, Sta	ite	Zip Code	_	
DESCRIBE YOUR CONTINGENT: [CHECK ALL THAT APPLY]					
F	loat				
Walking/Marchers (Estimate number of walking in parade contingent:)					
Open Car (License Plate No.:)					
B	and				
D).J.				
O	Other (Please Describe:)		

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

Return this Sheet by Friday, May 3, 2019

contingents@elizabethportugalday.com e-mail to:

(908) 354-9095 fax to:

or mail to:

Portugal Day Committee

P.O. Box 6738

Elizabeth, New Jersey 07206



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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 INFORMAITON [LE. BEGINNING DATE OF ORGANIZATION, PURPOSE, HISTORY, ETC.]

GROUP NAME:				
YEAR ESTABLISHED/FOUNDED:				
PRESIDENT NAME:	_			
3 IMPORANT FACTS ABOUT YOUR ORGANIZATION YOU WANT ANNOUNCED:				
1				
2				
3				