



48th Anniversary
1978 – 2026

Board of Directors

Mr. Nicholas F. Almeida
President

Mrs. Melissa Sintra Costa
Mrs. Maria M. Matos
Mr. Filipe Ramos
Vice Presidents

Mrs. Tanya Canelo
Mrs. Jennifer Ramalho
Secretaries

Mrs. Maria Almeida
Mrs. Jennifer DaSilva-Costa
Treasurers

Mr. Alex Henriques
Public Relations

Mrs. Melissa Sintra Costa
Parade Coordinator

Mrs. Isabel Bastos
Cultural Exhibition Coordinator

Ms. Jessica Lourenco
Pageant Coordinator

Mr. Manny Grova Jr.
Golf Outing Coordinator

Mrs. Maria Z. Carvalho
Mr. Sergio Granados
Public Affairs Coordinators

Mr. Steve Soares
Marketing Chair

Ms. Michelle Caneira
Fundraising Chair

Mrs. Michelle Afonso
Immediate Past President

Father Danny Santos Rodrigues
Pastor

Elizabeth Portugal Day Committee

P.O. Box 6738, Elizabeth, NJ 07202-6738
info@ElizabethPortugalDay.com
www.ElizabethPortugalDay.com
Tel: (908) 577-1799

Elizabeth Portugal Day Parade 2026 Contingent Participation Application

*** ALL ORGANIZATIONS WISHING TO PARTICIPATE MUST COMPLETE THIS
APPLICATION TO BE INCLUDED IN THE PARADE LINEUP***

Organization / Contingent Name: _____

Name of Main Point of Contact: _____

Contact Phone Number: _____ **Contact Email Address:** _____

Organization's Address: _____
Street

City, State Zip Code

DESCRIBE YOUR CONTINGENT:

[CHECK ALL THAT APPLY]

- _____ Float
- _____ Walking/Marchers (Estimated number of participants: _____)
- _____ Open Car (License Plate No.: _____)
- _____ Band
- _____ DJ
- _____ Other (Please Describe: _____)

**YOU WILL RECEIVE AN EMAIL FROM THE COMMITTEE WITH SPECIFIC DETAILS
ON WHERE YOUR CONTINGENT IS TO ASSEMBLE FOR THE PARADE**

Return this Sheet by Friday, May 15, 2026

Email: contingents@elizabethportugalday.com

Mail: Portugal Day Committee

P.O. Box 6738

Elizabeth, NJ 07202



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PARADE ANNOUNCEMENT FORM

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GROUP #

[TO BE COMPLETED BY COMMITTEE]

PLEASE NOTE THE FOLLOWING INFORMATION

Please write the information exactly as you would like the Master of Ceremonies to announce your organization. Be sure to include general and important details such as the organization's founding date, purpose, mission statement, achievements, or a brief history.

GROUP NAME:

YEAR ESTABLISHED/FOUNDED: _____

PRESIDENT NAME: _____

PLEASE INDICATE **THREE IMPORTANT FACTS
ABOUT YOUR ORGANIZATION THAT YOU WOULD
LIKE ANNOUNCED DURING THE PARADE:**

1. _____

2. _____

3. _____



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Elizabeth Portugal Day Parade 2026 Participant Authorization Injury Waiver & General Release Form

As the individual retrieving the parade lineup instructional packet, I 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 in Elizabeth, NJ, I acknowledge that participation in the event(s) may expose me and my organization to possible risks of personal injury and/or property damage.

I hereby release Portugal Day, Inc., and its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors, and affiliates (collectively, the "Company"), as well as any sponsors of the event(s) (the "Sponsors"), from any and all liability, claims, or demands for property damage, personal injury, or other losses arising out of or in connection with my participation in the event(s), whether such claims are known or unknown, foreseen or unforeseen, present, future, or contingent.

I acknowledge that Portugal Day, Inc. has advised us of our right to obtain, and the importance of having, our own insurance coverage for this event to protect and indemnify us.

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby grant, release, quitclaim, and irrevocably authorize the Company and the Company's sponsors of the event(s) the perpetual, worldwide right and authority (but not the obligation), in all media now known or hereafter developed, to use, sell, reproduce, and distribute, without limitation, any quoted material, biographical information, my actual or fictitious name, photograph, likeness, recorded voice, or filmed or videotaped appearances obtained in connection with the event(s) (collectively, the "Materials"), for programs, products, promotional, and advertising purposes, as determined at the sole discretion of the Company and/or Sponsors.

I hereby waive any and all rights of privacy and/or publicity that I may have in connection with the use and display of the Materials and any derivative works thereof. No use of my name, voice, or likeness shall form the basis of any future claim against the Company, the Sponsors, or their respective agents, licensees, successors, or assigns. I hereby release and hold harmless the Company and the Sponsors from any and all claims, liabilities, or damages arising out of the rights granted herein or the exercise thereof.

I further covenant that I will not, now or at any time in the future, directly or indirectly, initiate, maintain, or prosecute any action, suit, or proceeding against the Company and/or its Sponsors arising out of or relating to any claims, causes of action, or demands waived, released, or discharged by this agreement.

I acknowledge that I have read and fully understand this Participant Authorization, Injury Waiver, and Release Form. This agreement shall be binding upon me personally, my organization listed below, all members of that organization participating in the event, and our respective spouses, children, legal representatives, heirs, successors, and assigns.

Please Print

Organization / Contingent Name: _____

Authorized Agent: _____

Agent Signature: _____

Date: _____

*****This form must be completed by each participating contingent and submitted to the Elizabeth Portugal Day Committee prior to parade day. Please email the completed form to contingents@elizabethportugalday.com*****