



Portugal Day Committee

Elizabeth, New Jersey

P.O. Box 6738, Elizabeth, New Jersey 07202-6738 ❖ Tel: (908) 337-1497
info@ElizabethPortugalDay.com ❖ www.ElizabethPortugalDay.com

1978 – 2025

Portugal Day Parade 2025

Contingent Participation Application

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

Board of Directors

Mrs. Michelle Afonso
President

Mr. Sergio Granados
Mrs. Maria M. Matos
Mrs. Carla Rodrigues Da Silva
Co-Vice Presidents

Mrs. Jennifer Ramalho
Ms. Nancy Dionisio
Co-Secretaries

Mrs. Jennifer DaSilva Costa
Mrs. Maria Almeida
Co-Treasurers

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

Ms. Jessica Lourenco
Pageant Coordinator

Mrs. Melissa Sintra Costa
Parade Coordinator

Mr. Manny Grova Jr.
Golf Outing Coordinator

Mrs. Isabel Bastos
Cultural Exhibition Coordinator

Mr. Jorge Da Costa
Immediate Past President

Father 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
Elizabeth Portuguese Lions Club
Elizabeth Youth Soccer
Beneficencia Algarvia*

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 23, 2025

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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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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2025 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: _____

Affiliate Organizations:

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Escola Amadeu Correia
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Beneficencia Algarvia*

**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**