

**CAVALCADE OF BANDS  
HALL OF FAME APPLICATION FORM**

Submit (before May 31) to:  
Adam Burdett  
5 Stout Street  
Yatesville, PA 18704  
570 654-3541  
adamburdett@verizon.net

Please print:

Name of Hall of Fame applicant: \_\_\_\_\_

Their Street address:

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Their Phone: (\_\_\_\_\_) \_\_\_\_\_

Person submitting this application: \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

This person is/was a: band director \_\_\_\_\_ judge \_\_\_\_\_ staff member \_\_\_\_\_  
volunteer \_\_\_\_\_

(Use other side if necessary) Dates of their involvement:

List their contributions to Cavalcade:

Other: