HALLOWEEN HOWL-A-BALOO

GUIDELINES FOR PARTICIPATING AS A TRUNK

* Participating vehicles should entreat the main entrance off of Opdyke Street
* Vehicle check in is 4:30-5:30 pm
* Trunks should be set up by 5:45 pm
* You are responsible for the cleanup of your area
* Trunk or Treating begins at 6 pm. Vehicles arriving after 5:30 pm will not be allowed to participate for safety reasons.
* To ensure safety, participating trunkers must remain parked until the event ends and the participants have vacated the area. Vehicles cannot leave until the event has ended.
* No open flames allowed.
* Electricity is not available.
* Trunkers must provide store-bought wrapped candy or small toys/trinkets for the children. No homemade food items allowed.
* All hand outs are subject to inspection.
* Please prepare for 300-500 children.
* There will be a prize for the best decorated vehicle.
* No vehicles will be allowed to participate unless registered by October 28th, 2020.
* Decorations should be family friendly and in good taste. Vulgar displays, alcohol or drug depictions will not be allowed. All displays are subject to the approval of the Parks and Recreation Department.

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NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­

Individual Church Business Organization Committee Department

CONTACT PERSON NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VEHICLE MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby acknowledges the conditions of participation in the Howl-A-Baloo and agree to abide by said conditions.

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_