

## **Registration Form**

Get into the Halloween Spirit and be creative! The cost to register is FREE! We are encouraging residents, business owners, community club/organizations, and schools to enter. A contest will be held for the BEST DECORATED! Only those who have properly registered will be allowed to participate in the contest. For those not registering, but would like to help out, candy donations are welcomed and appreciated. Vehicles may arrive at the Children's Park parking lot for check-in beginning at 5:00PM. The Event begins at 6:00PM!

For Safety purposes, all participating vehicles must stay at the event until the event ends at 8PM. To ensure the safety of the children, we will not allow any vehicles to exit or enter the parking lot until the children are removed and/or relocated. Upon arrival, you will be directed where to park and set-up your vehicle/tent or table. All registered participants will receive a number that must be attached to their trunk/tent or table for judging. Participants will be judged on presentation and creativity. Props and participants in costume will be considered. Judging will take place at 5:45PM, prior to the event starting. Vehicle space will be limited, so please return this form no later than Wednesday, October 25<sup>th</sup>!

Contact Name(s):			
Address:	City:		Zip:
Phone:	Email:		
Vehicle Plate #:			
Type of Vehicle: Car Truck			
CANDY DONATION ONLY:	# of bags:		
FORM NOT VALID UNLESS SIGNED HERE BY ADULT PARTICIPANT:			
I do hereby fully release and discharge the City of Gregory, its officials, officers, volunteers and employees from any and all claims from injuries, damage or loss, which I may have or which may occur to me as a result of my participation or attendance in any of the City of Gregory programs, activities and/or events. I give my permission to be videotaped in any program, activity and/or event and allow the City of Gregory use and/or televise in any manner, my picture and/or likeness and to indemnify and hold harmless the City of Gregory, its officials, officers, volunteers and employees from any and all claims, damages and/or loss of any kind.			
Signature of Applicant:			Date:

Name of Organization/Business/Individual: