

# 2018 TRUNK OR TREAT

**October 25th from 6:00 - 8:00 pm**

**Deadline: Friday, October 12** (Max. 30 organizations)

**FEE: \$10.00 Per Vehicle** (waived with race sponsorship)

**Location: Streetsboro Walmart (905 Singletary Drive)**

Vehicle Decorating Contest Categories:

Cartoon Theme: (SpongeBob Square Pants, Peanuts, Scooby Doo, etc.) • Scary Theme: (Witches, Vampires, Mummies, etc.) •

Movie Theme: (Wizard of Oz, Star Wars, Justice League, etc.)

All organizations that participate are asked to abide by the following:

- Have a decorated vehicle and staff member(s) at the event
- Supply children 12 years and younger with a "Trick or Treat" item (all candy must be individually wrapped and coupons will be allowed)
- Organizations should supply enough "treats" for approximately 2,000 participants
- All vehicles should arrive by **5:00pm**, and set up by **5:45pm** on October 25th (along the Lawn & Garden center)



Please contact Streetsboro Parks and Recreation with any questions (330) 626-3802.

## Trunk or Treat Registration Form

Mail completed registration form, with payment payable to "City of Streetsboro" to 9184 St. Rt. 43, Streetsboro OH 44241

Organization: \_\_\_\_\_

Theme: \_\_\_\_\_

Contact persons: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organizations address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Number of volunteers attending: \_\_\_\_\_

Number of parking spots needed: \_\_\_\_\_

**AGREEMENT TO PARTICIPATE**

I, in consideration of the permission hereby granted for me to participate in this program, sponsored by the Streetsboro Parks and Recreation Department & Walmart of Streetsboro agree to assume the risk of any and all personal injuries to me or property damage, and to hold harmless the City of Streetsboro or their agents, employees and volunteers from any and all injuries or property damage arising from this event and hereby release any and all claims arising there from.

I, understand I grant permission for emergency first aid or other life sustaining medical procedures, by a qualified and licensed individual, and I assume financial responsibility for any and all injuries, to include ambulance and hospital costs.

I, agree to obey all Regulations of the City of Streetsboro or its agents, and voluntarily agree to participate and obey the Supervisor or agent of the City of Streetsboro.

I, am aware of the risk involved in this event, assume such risk and represent that I am physically fit to participate.

Participants Signature: \_\_\_\_\_

Date: \_\_\_\_\_