



TRUNK OR TREAT

2020

October 24th from 2pm - 5pm

Deadline: Friday, October 9 (Max. 30 organizations)

FEE: \$10.00 Per Vehicle

Location: Streetsboro City Park (8980 Kirby Lane)

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 **1:00pm**, and set up by **1:45pm** on October 24th
- All participating businesses & organizations must comply with Portage County, State of Ohio & CDC guidelines for COVID-19



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: _____