



Booth/Trunk Operators Registration

Group/Organization _____

Responsible person _____

Address _____

Email _____ Contact # _____

Number of people working at Booth _____

Initial the following that you have read and understand the safe operating conditions for hosting a booth at the Trunk or Treat Event

- Pre-packaged treats only
- Sanitary wipes and hand sanitizer will be provided
- If you or your helpers are not feeling well, please stay home
- Restrooms will be available with hand sanitizers
- Trunk/Booth Check In: 1:00 – 3:30pm
- You MAY NOT leave the booth/parking lot before 7:45pm.

THANK YOU FOR HELPING TO MAKE THIS A GREAT EVENT

Printed name _____

Signature _____ Date _____