



TRUNK OR TREAT APPLICATION

FRIDAY Oct, 26th 4:30 – 6:00pm

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Is your trunk representing an organization, business or family? _____

If a business or organization, what is the name of your organization? _____

How many people will be staffing your trunk? _____

By Initialing Below, you recognize the following statements:

_____ You (and your family/staff) are required to fully decorate your vehicle trunk in a Halloween themed fashion.

_____ Your trunk must provide **both** a healthy option and a treat option for children.
 (You may limit children to only 1 of each but you must provide the options)

_____ You are fiscally responsible for the decorations and treats provided at your trunk.

_____ Your trunk must be parked in the lot & fully decorated by 4:00pm **at the absolute latest** but, you may arrive as early as 3:00pm to decorate.

_____ You will stay until the end of the event as removing your vehicle early could be a safety hazard for "treaters".

_____ You are responsible for cleaning debris/decorations from your trunk and surrounding parking space before leaving event.

_____ This is a fun event for the community celebrating the Halloween holiday in good spirits.

_____ There will be no open flames.

_____ Electricity is not available.

_____ No commercial sales.



If you have any questions about appropriate decorations, themes or any other items, Please contact Kat 415-383-1370 or kreisinger@cityofmillvalley.org