St. Matthew Faith Formation Programs

Trunk or Treat

Vehicle Registration Form

Name of Organization/Business/Family: _____

Contact Name(s): _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Additional #:** _____

Email: _____

Vehicle Plate#: _____ **Make/Model/Color:** _____

Trunk Theme: _____

Please sign below stating that you understand and will adhere to following policies and the St. Matthew waiver.

- All vehicles must be pre-registered with St. Matthew Catholic Church.
- All participants will receive confirmation with instructions prior to the event.
- Absolutely NO political or controversial decor or handouts will be allowed.
- Electricity will not be provided.
- An adult/parent/guardian must remain with the vehicle at all times.
- All car owners must agree to be parked by 6:00pm and ready by 6:30pm
- For the safety of all, car owners cannot leave until safely instructed to do so.
- All and any photos/videos can and will be used by St. Matthew on all forms of media.
- Candy will be provided. Feel free to bring your own individually wrapped candy or small toys/trinkets to hand out. **Please, no homemade treats.**
- Vehicle space is limited. Please submit to raguilera@sbdiocese.org or to the parish office **by October 22, 2025**

FORM NOT VALID UNLESS SIGNED BY ADULT PARTICIPANT

Participation in this program may involve risk or injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against St. Matthew Catholic Church, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child (ren) to be treated by qualified medical personnel in the even that the above named parent/guardian cannot be reached at the phone number above.

SIGNATURE: _____ **DATE:** _____