Trunk or Treat

TRUNK APPLICATION

City Hall Parking Lot 9022 Main St. Needville, TX 77461 October 27, 2024 4-6 PM

Type of Trunk (Car, Canopy, Golf Cart etc.):		
Individual or Business and what will you hand out:		
EMAIL:		
CONTACT PERSON:		
PHONE:		
ADDRESS:		
NAME:		

Your application must be received by
October 24, 2024.
NO ELECTRICITY OR WATER PROVIDED

Drop off at City Hall or Mail to PO Box 527 Needville, TX 77461 979-793-4253

Iriswalker@cityofneedville.com

POLICIES AND REGULATIONS FORM

- 1. Application and liability form must be received by October 24, 2024.
- 2. Only one Trunk Allowed in your Spot. (Car, Canopy, Golf Cart Etc.)
- 3. Trunks are allowed to set up that afternoon, starting at 2 PM. You must be set up by 3:30 PM. You will not be able to set after 3:30 PM.
- 4. All Trunks are required to stay the entire time of the event.
- 5. Trunks must supply their own pop-up tents, tables, chairs, candy etc.
- 6. Trunks are responsible for their own clean-up and trash disposal. DO NOT LEAVE YOUR TRASH BEHIND or you WILL NOT be able to participate in future events.
- 7. Trunks will be prohibited from displaying any products or signage deemed inappropriate.
- 8. All Trunks must be self-supporting and present a professional appearance.
- 9. In addition to this POLICIES AND REGULATIONS FORM, all Trunks must complete and sign the attached City Event Consent & Waiver Form.

Sign	Date

CITY OF NEEDVILLE EVENT CONSENT & WAIVER FORM

City Event:	
Participant Name:	
Email:	Birthdate:
Address:	State:Zip:
Emergency Phone Number:	
If Participant is a minor, then a Guard	lian must complete this Form on behalf of the Participant
Guardian Name:	
Guardian Phone Number:	
Through the Participant's involveme Guardian, hereby acknowledges and a	nt in the City event, the undersigned Participant o
• The Participant's involvement with the Ci	ty event is voluntary and at the Participant's own risk.
	employees, associates, or agents shall be liable for any damage ry or property loss sustained by the Participant's involvement in
 The Participant assumes full responsibility programs or activities related to the City experience. 	ty for all injuries and damages that may occur in or about any event.
	releases the City, its owners, employees, associates, and agents age, or rights of action, present and future resulting from the it.
	the City to render a judgement concerning medical assistance or or illness during which the Participant is unable to render a his or herself.
 The Participant hereby authorizes the City other likeness of the Participant in its pror 	and its assignees to utilize any and all photographs, pictures, or notional materials.
PARTICIPANT NAME (Signature):	Date:
PARTICIPANT NAME (Printed):	Date:
	<u>If Needed</u>
GUARDIAN NAME (Signature):	Date:
GUARDIAN NAME (Printed):	Date: