

**Gatlinburg's 7th Annual
Halloween Spooktacular
Trunk-or-Treat
VENDOR REGISTRATION FORM**

Please indicate in what capacity your organization would like to help (check all that apply)

- DECORATED Trunk or Treat space (Each vendor will be assigned 2 parking spots to work with. Must maintain 6 feet between vendors.)
- MONETARY DONATION FOR CANDY, SUPPLIES, ETC. \$ _____ AMOUNT ENCLOSED
- HELP JUDGE COSTUME CONTEST
- HELP JUDGE GROUP CHALK CONTEST

NAME OF BUSINESS/ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

ADDITIONAL COMMENTS:

Organizations in charge of Trunk or Treat spaces are responsible for all set-up (materials, supplies, labor, etc.) as well as for the breakdown and removal of the space. Halloween Spooktacular will be held on October 27th. Costume contest details TBA. All Trunk or Treat vehicles parked and ready for use 30 minutes prior to the 5:30PM start time. I also understand my signature releases the City of Gatlinburg, Parks and Recreation, Rocky Top Sports World, all sponsoring organizations and other persons involved from all liability for any injury that may occur during this event.

Signature of Responsible Party

Date

Return form to: Gatlinburg Community Center

PO Box 5,

Gatlinburg, TN 37738

(865) 436-4990 phone (865) 430-1390 fax

or email sallyw@gatlinburgtn.gov

