Light Up the Night – Participant Registration Form
Holiday Trunk-or-Treat & Light Show
December 5 from 6 to 8PM

Please Arrive Between 4 and 5:30PM for Set-Up

Please use battery-operated lights, as access to electrical outlets is limited.

Participant Information

Organization / Individual Name: _____
Contact Person: _____
Phone Number: _____
Email Address: _____

Type of Participant (check one):

- ☐ Fire Department – Decorated Truck(s)
- ☐ Community Trunk – Decorated Vehicle

Vehicle Type_____
Theme or Decoration Idea (optional): _____

Treats
Will you be handing out treats?

- ☐ Yes
- ☐ No

If yes, please indicate what type:
☐ Candy ☐ Candy Canes ☐ Small Toys ☐ Other: _____

I understand that participation in **Light Up the Night** is voluntary. I agree to follow all event rules and safety guidelines. The organizers are not responsible for lost, stolen, or damaged items.

Signature: _____
Date: _____