2024 Fall Festival Registration

Saturday, October 26, 5 PM - 9 PM Fred Poppe Regional Park

1951 Malabar Road NW, Palm Bay 32907



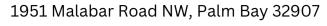
- Registration is required to participate in the event. Deadline to register is 5 PM on Monday, October 21.
 - License plate number, a copy of driver's license, registration and insurance are required for vehicle entries.
- Participants may reserve a "trunkless" space to set up games, if desired. All games must be preapproved.
- Each space is 10'x15' for automobiles, 10'x10' for "trunkless" spaces. You may reserve multiple spaces.
- Registration is FREE. Expect 800-1000 kids
- Participants are responsible for providing candy/treats to give out and trunk decorations.
- Promotional items may be given away in addition to candy or treats; all items must be appropriate for children.
- Businesses and organizations may display a banner or sign for advertising purposes.
- All candy must be unopened and prepackaged to distribute at the event. (We are expecting about 750 children.)
- Please be courteous to your trunk neighbors and keep music volume and decorations confined to your booth space.
- Trick or-Treat participants may begin arriving at Fred Poppe Regional Park for check-in beginning at 2:00 PM. You must be checked in by 3:30 PM at the latest. Any trunks arriving after 3:30 PM will not be able to participate.
- All trunks/spaces must be decorated and staffed by 4 PM.
- The event begins at 5 PM and is scheduled to end at 9 PM. For safety purposes, vehicles will not be permitted to move or leave until the event is over.
- Electricity will NOT be available for spaces or trunk decorations. (Bring Battery powered lights) Personal Generators are allowed but you need to have a fire extinguisher with you.
- Setup and tear down: all participants are responsible for their own equipment (tents, tables, chairs, etc.) All applicants are responsible for cleaning their area prior to leaving.
- Please be aware this is a family friendly event; we ask that decorations and costumes follow with this theme and not be overly scary, gory or inappropriate.
- As a family friendly event, we ask that there be no alcohol or smoking in the event area.
- Any photography taken at or during the event of you, your group, vehicle or space can be used for City of Palm Bay promotional purposes.





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Contact Information			
Organization Name Contact Name			
Phone	Email		
Mailing Address			
City	_ State	Zip Code	
Billing Information	Check	chere if billing and contact i	nfo are the same
_		7: 0 - 1 -	
City	_ State	Zip Code	
Booth Information <i>Proceedings</i>	of of license, regis	tration, and insurance are requi	red for each vehicle
Space Type (Select One):	Trun	k Trunkless (10x10 tent)	Number of Spaces
Theme Description			
Are you selling or giving items away? If so, what	•		
License Plate #		_	
Proof of Drivers	License (attach	n a copy) Yes	No
Proof of Vehicle Re	egistration (atta	ach a copy) Yes	No
Proof of Vehicle	Insurance (atta	ach a copy) Yes	No

Please complete this form in its entirety and return/email by October 21 to Kaley.Berry@pbfl.org

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Date ____

Liability Waiver & Image Release

The Vendor shall defend, save, and hold harmless Palm Bay Recreation, the City of Palm Bay, their respective officers, agents, staff, volunteers, sponsors and assigns from any claims, damages, losses, liability, or expense which may arise, and shall not be held responsible for any loss or damage due to fire, accident, theft, weather, acts of God, vandalism, or any other loss or injury whatsoever or not specifically described herein, whether past, present, or future. Booths are not insured by Palm Bay Recreation, the City of Palm Bay, or any sponsoring agents. Vendors must make provisions for safeguarding their goods. Vendor assumes full liability for protecting, care and maintenance of vendor's property. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the City of Palm Bay programs.

For Office Use Only:				
Amount Paid:	Receipt #	Date:	Staff:	
Proof of Insurance a	nttached: YFS	NO Space N	Number(s):	



Authorized Signature

