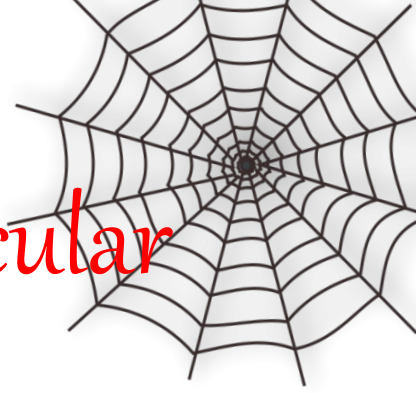


# 2019 Halloween Spooktacular

## Participant Registration Form



Business/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**October 25, 2019 from 6-9 PM**

**NO FEE TO PARTICIPATE**

**BEST BOOTH CONTEST - We encourage all participants to decorate their booth spaces. The kids love the decorations and fun, but a participant will also be chosen as the 2019 Best Spooktacular Booth and receive a prize. Be sure to bring lots of candy or other promotional items to pass out to the kids!**

### **Waiver and Liability**

I understand and acknowledge that participation in this event can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the Winder Downtown Development Authority, the City of Winder, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death or property damage suffered by me or that I cause to others, as a result of my participation in this event. I, the undersigned, agree, without any right of payment or editing, to allow the City of Winder and the Winder DDA/Main Street to use the images of me and/or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote the festival.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed registration form to the address below or email [maddison.dean@cityofwinder.com](mailto:maddison.dean@cityofwinder.com).

**The City of Winder**  
**Halloween Spooktacular**  
Attn: City Clerk's Office  
25 E. Midland Ave.  
PO Box 566  
Winder, GA 30680

For more information please contact Maddison Dean at (678) 425-6805  
or [maddison.dean@cityofwinder.com](mailto:maddison.dean@cityofwinder.com).

