



## **Trunk or Treat Participant Sign-Up Form**

| Full Name:                                |
|---|
| Phone Number:                             |
| Email Address:                            |
| Business or Organization (if applicable): |
| Will you decorate a trunk? (Yes/No):      |
| Theme or Idea for Your Trunk:             |
| Do you need electricity? (Yes/No):        |
| Do you have questions or requests?:       |

