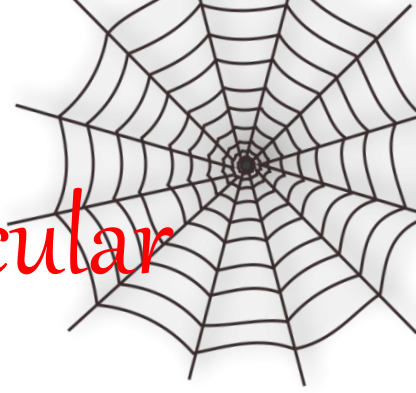


2016 Halloween Spooktacular

Participant Registration Form



Business/Organization Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____ Email: _____

October 28, 2016

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 2016 Best Spooktacular Booth and receive a basket full of prizes!

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 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 april.plank@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 April Plank at (678) 425-6805.

