Trunk or Treat

Space Reservation Form

Name of Organization _____

Phone Number _____

Alternate Number _____

Contact Person _____

Address _____

_____

_____

Email Address _____

All spaces will be two parking spaces wide. You may either decorate your trunk or bring a tent. All spaces are encouraged to provide a game for the children.

How did you first learn of Trunk or Treat? Please circle.

Direct Mail, DPR Website, Electronic Marquee, Facebook, Flyer, Newspaper, Center Staff, Word of Mouth, Community Calendar, Other: _____

****For Office Use Only**

Receipt # _____ **Taken By** _____