BENTON CITY TRICK-OR-TREAT STREET

WHERE MAIN STREET GETS SPOOKY!

PARTICIPATING LOCATION REGISTRATION

Email completed entry form to info@bentoncitychamber.org,
or drop off at the Benton City Chamber of Commerce office at
513 9th St | Mail to PO Box 401, Benton City, WA 99320

Let's Make Benton City Spooktacular!

NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL: _____

CONTACT NAME: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DETAILS ABOUT YOUR PARTICIPATION

WIDTH:	LENGTH:
DESCRIPTION: (CAR, TABLE, ETC)	
HOW MUCH SPACE DO YOU THINK YOU WILL NEED?	

Will any items be handed out: _____

SELECT YOUR EVENT(S)

Please check what event you would like to participate in:

- ☐ Trick or Treat on 9th St
- ☐ Haunted House Actor
- ☐ Haunted house set up/clean-up crew

ADDITIONAL INFORMATION

Do you have an idea for entertainment that you want to organize?
Tell us about it:

_____

_____

_____

Print Name _____ Signature _____ Date _____

THANK YOU FOR BEING PART OF THE FUN!