



Downtown Halloween Registration Form

Email completed entry form to info@bentoncitychamber.org,
or drop form off at the Benton City Chamber of Commerce office at 513 9th Street, Benton City
or mail form to PO BOX 401, Benton City, WA 99320 | Phone (509) 588-4984

NAME OF BUSINESS, ORGANIZATION OR INDIVIDUAL

CONTACT PERSON

MAILING ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

**DETAIL DESCRIPTION OF SPACE NEEDED AND WHAT YOU WILL BE BRINGING,
SO WE KNOW WHERE TO PLACE YOU (VEHICLE, TABLE, ETC)**

WIDTH		LENGTH	
DESCRIPTION:			
APPROX HOW MUCH SPACE DO YOU THINK YOU WILL NEED?			

Will any items be handed out? Yes No If Yes, What? _____

Please check if you are interested in organizing or participating in any entertainment:

- Kids Games
- Serving Hot Cocoa/Cider
- Set up Crew
- Haunted House Actor
- Clean Up Crew
- Zombie Thriller Flash Mob

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

Print Name

Signature

Date