





# STREETSBORO TRUNK OR TREAT 2023 VENDOR

**19<sup>TH</sup> OCTOBER**  
**6:00PM-8:00PM**

**Streetsboro City Park**  
**STREETSBORO, OH. 44241**  
**8970 KIRBY LN.**

**Streetsboro Parks & Recreation is seeking vendors to participate in the 2023 Streetsboro Trunk or Treat program. This is a large event in Streetsboro and attendance ranges anywhere from 900 - 2,000 participants. This is a great opportunity to show your community support!**  
**All organizations are asked to provide the following:**

-  **Have a decorated vehicle/space and staff member(s) at the event.**
-  **Supply children 12 years and younger with a "Trick or Treat" item. All candy must be individually wrapped.**
-  **Organizations should supply enough treats for appx. 2,000 participants.**
-  **Vehicles should arrive by 4:30pm on Thursday, October 19th to setup. Setup must be completed no later than 5:45pm.**

**Deadline to Register: Friday, October 6, 2023 (max. 30 organizations).**

**Fee: \$20 per organization**

**Location: Streetsboro City Park | 8970 Kirby Lane | Streetsboro, OH 44241**

Trunk or Treat Registration Form:

Mail or e-mail a completed registration form, with payment payable to "City of Streetsboro" to 9184 OH-43 Streetsboro, OH 44241.

Online registration also available at [www.cityofstreetsboro.com](http://www.cityofstreetsboro.com)!

Organization: \_\_\_\_\_ Theme: \_\_\_\_\_

Contact person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Organizations address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of volunteers attending: \_\_\_\_\_ Number of parking spaces needed (max.2): \_\_\_\_\_

**Agreement to Participate**

I, in consideration of the permission hereby granted for me to participate in this program, sponsored by Streetsboro Parks & Recreation agree to assume the risk of any and all personal injuries to me or property damage, and to hold harmless the City of Streetsboro, their agents, employees and volunteers from any and all injuries or property damage arising from this event and hereby release any and all claims arising therefrom. I, understand I grant permission for emergency first aid or other life sustaining medical procedures, by a qualified and licensed individual, and I assume financial responsibility for any and all injuries, to include ambulance and hospital costs. I agree to obey all regulations of the City of Streetsboro or its agents, and voluntarily agree to participate and obey the Supervisor or agent of the City of Streetsboro.

Participant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**P: 330-626-3802 | EMAIL: [MKUHSTOS@CITYOFSTREETSBORO.COM](mailto:MKUHSTOS@CITYOFSTREETSBORO.COM) | [WWW.CITYOFSTREETSBORO.COM](http://WWW.CITYOFSTREETSBORO.COM)**