

Car Trunk Registration Form

Contact Name(s): _____

Email: _____

Contact Phone Number: _____

Vehicle Plate #: _____

Make/Model: _____

Please review and sign below that you will adhere to the following policies:

1. **FREE PARTICIPATION AS A 'trunker'!**
2. Decorate your trunk/vehicle and provide candy to distribute to the trick or treaters (200 kids). The PTO will also contribute a bag of candy for you to distribute at your trunk.
3. Feel free to wear a costume to match your vehicle theme!
4. Cars must be turned off for the duration of the event.
5. Vehicles must be ready by 4:20 pm, gates will open at 3:45 pm to allow cars to setup.
6. Vehicle cannot be left unattended.
7. You are responsible for cleaning up your area at the end of the event.
8. Any questions, please contact the PTO at lowellpto@gmail.com

Please return this form to lowellpto@gmail.com or return to the school office by October 21st

SIGNATURE: _____

DATE: _____