

HalloweenVille Trunk or Treat

| | |
|-------------------------|--|
| Name: | _____ |
| Organization/Business: | _____ |
| Email: | _____ |
| Phone: | _____ |
| Description of Vehicle: | _____ |
| | _____ |
| Electricity required: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature: | _____ |
| Date: | _____ |

*Please return this form to Sackets Harbor Chamber of Commerce, Box 17, Sackets Harbor, NY 13685.
You can also email it to sacketschamber@gmail.com or drop it off at Calla Lillies on W Main Street.*