

2024 TRUNK OR TREAT

REGISTRATION FORM

PARTICIPANT CONTACT INFORMATION	
Last Name:	
Organization Name (If Applicable):	
Address: City:	Zip Code:
Cell Phone:	Work Phone:
Email Address:	
How did you hear about this event?	
VEHICLE INFORMATION	
Car Club Affiliation:	Make of Vehicle:
Model:	Year:
Color:	License Plate:
FEES	
Please note that fees are non-refundable.	
Registration Fees: \$10/vehicle	
Multiple Registrations: #	
TOTAL FEES: \$	
Registration locations:	
Parks and Recreation Office: 101 E. 4th Street, Imperi	al, CA 92251
Parks@cityofimperial.org	
RecDesk: http://www.cityofimperial.recdesk.com/Co	ommunity/Home
	encouraged. Space is not guaranteed when registering after the deadline on day of event from 3-4 PM only, while space is available. 18, 2024.
	perial's Trunk or Treat event and understand that the event organizers are personal property. I also agree to follow all event rules and regulations as
Participant Name:	Date: