TREATS IN THE STREETS

PARTICIPATION FORM

Friday, October 31st 4-6:00 P.M.

Downtown Valdese Main Street will close from Carolina to Praley Street

Contact Name: _____

Entry Name: _____

Contact # : _____

Email: _____

☐ **Our business/organization will offer treats from our storefront on Main Street**

☐ **Our business/organization will offer treats from a preferred location along Main Street (please list below where you would like to be located**

_____

Please email this form to asouth@valdesenc.gov or return to the Community Affairs office. All participants will be featured on the event map found at visitvaldese.com & on all promotions!

By signing below, the participant agrees to provide safe treats for Valdese Treats in the Streets attendees! Thank you for making this community event possible!

Signature: _____