Halloween Fest '25
PARTICIPANT FORM

Join us as we transform Main Street back into a Halloween Hometown!

ORGANIZATION NAME: _____ **DATE:** _____

CONTACT NAME: _____

ADDRESS: _____

E-MAIL: _____ **PHONE** _____

I WOULD LIKE TO PARTICIPATE BY: (circle as many as you want!)

CHARACTER PERFORMER **MUSIC** **ART** **DONATION**

VOLUNTEER FOR EVENT (qualifes for community service hours)

☐ **HALLOWEEN PARADE**
(DESCRIPTION REQUIRED SO WE CAN LINE YOU UP BEST!)
$500 Grand Prize for Most Creative Float
$250 2nd Place, $125 3rd Place
Variety of prizes awarded for
- Best Themed
- Most Creative
- Best Costumed Team
- Spirit
- Gravekeeper's Choice

☐ **DECORATE A LAMP POST**
Decorations must be put up between 10/10 &10/24
and removed between 11/7 & 11/9

LOCATION 1: _____
(businesses get first choice in front of their locations)

LOCATION 2: _____

Brief Description

All organizations who are confirmed to participate in the parade will be contacted by the Halloween Parade Staff.
All participants in the Halloween Parade do so on a volunteer basis, and are not compensated for their efforts.

Email or text this form back

mainstreetagencyevents@gmail.com Text: 631-494-2978

HALLOWEENFESTRIVERHEAD.COM