Trail of Treats

City of Ava • Ava City Park • First Annual Event

VENDOR APPLICATION
Friday, October 31 | 5:30–8:00 PM
Ava City Park, Ava, Missouri

Please complete this form and return it to Ava City Hall or Parks staff. Approved vendors will receive confirmation and setup details.

1. ORGANIZATION / BUSINESS INFORMATION

Organization / Business Name * _____

Mailing Address _____

City _____ State _____ ZIP _____

Website / Facebook (optional) _____

2. PRIMARY CONTACT

Full Name * _____ Title / Role _____

Phone * _____ Email * _____

Alternate Phone _____ Best time to call _____

3. TYPE OF VENDOR *

☐ Local Business ☐ Church / Ministry ☐ Nonprofit / Civic Group ☐ School / Youth Group

☐ Food Truck / Food for Sale ☐ Other: _____

4. WHAT WILL YOU OFFER AT YOUR STATION? *

Describe candy, non-candy treats, activities, games, food for sale, or information you plan to provide. Keep all materials family-friendly.

Primarily offering: ☐ Candy / treats ☐ Activity / game ☐ Food for sale ☐ Info only

Estimated treats / handouts (if applicable) _____ (Candy vendors: several thousand recommended)

5. LOGISTICS & SPECIAL REQUESTS

Vendors must bring their own table, chairs, and setup. The City does not provide tables.

☐ I will bring my own table and setup * ☐ Need accessible location

Additional notes (power needs, space, menu, etc.):

6. RELEASE & INDEMNIFICATION AGREEMENT

Please read the following, sign and date:

For myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death from whatever causes arising, while I am participating in the Trick or Treat Trail, which may be dangerous and risky, and release the City of Ava, MO its officers, agents, lessees, invitees and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the City, its officers, agents, lessees, invitees and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act, including the City's own negligence. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (I certify that I am over 18 years of age.)

☐ I have read and agree to the Release & Indemnification Agreement above. *

Signature * _____ Date * _____

Printed Name * _____

Trail of Treats is a community event presented by the City of Ava & Ava City Park.