



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
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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 *			