# REGISTRATION PARTICIPANT



#### WalkOfTheUndead98520@gmail.com

Last Name: \_\_\_\_\_

electronic method to contact all participants.

Use this form if you are a Group-Org-Business & will participate as such. We want to make sure to highlight all activities happening. It is an established goal of this event- to credit and market the participating community establishments and leaders.

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Seniors

Home

CONTACT INFO: who's in charge of this & how to reach them

Email: \*\* \_\_\_\_\_ Work
\*\* It is required that you have an email, it doesn't have to be yours but we need an

REPRESENTING: group-org-or business \*\*if applicable

Charity Non-profit Individual Retail

Email:

State: Zip:

in

Linked In

\_\_\_OK to Text:Y

Service Youth

P

Pinterest

YouTube

WHAT'S IT ALL ABOUT: aka- our WOTU mission (Not the hokey pokey for sure!)

## WOTU is an All-Day, All-Community, Event.

The intent is to put the spotlight on local businesses, organizations, & services while entertaining Joe Public\*.

\*Joe Public includes EVERYONE —ALL AGES, ALL SIZES, ALL PAY GRADES— Residents & Visitors! Dead or Alive!

 $\overline{\mathrm{PAR}}\mathrm{T}~\mathrm{OF}$ : Location/ Activity Name

# WHAT'S THE PLAN: What you want to do, How you plan to do it ?

Need power, special location or other considerations? Let us know and we will try our best to accomodate. Type below.

Have your plan laid out in another program or format? Fill out the contact info etc. and attach your plan to an email. Send to: WalkOfTheUndead98520@gmail.com

Otherwise- type or print below . (continue on back or additional page if needed.

#### We Have Insurance: Y Insurance Provider: \_\_\_\_

Website: \_\_\_\_\_

Address:

First Name:

Phone: \_

Click All Boxes

Group/Club \_\_\_\_

that apply to

Your Entry

Company:

Phone:

Mailing

City:

Expiration date of policy:

# HOW CAN PEOPLE FOLLOW YOU:

We use these Social Media





Web Address URL: \_\_\_\_

Additional Info: example- other targets, find new members, fundraising etc.

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Instagram

## DISCLAIMER:

The Walk of the Undead Event and its representatives will not be held reponsible for any known or unknown Damage, Injuries, Losses, Judgements, and/or Claims from any cause of personal property while attending The Walk of the Undead Event. I understand and agree to these terms.

## Yes, I understand

#### Signature:



PARTNERING: with who? (another biz, an org, etc)

It's fine to share the fun, share the load. We just need to know who will be partnering. Also, they will need to submit their own registration.

Compan	у: _						
Contact Person	_						
Phone: _		I	Email	:			
	No.				K		