

SAFE HALLOWEEN 2009

TRICK OR TREAT STATION APPLICATION

Name/Group _____

(Please submit Name as you would like it used in publicity materials)

Enclosed is a check for \$100.00 Station Sponsorship donation, payable to the Kern County Museum Foundation.

Contact Person(s) _____

Address _____ Zip Code _____

Phone(s) Work _____ Home _____

e-mail address _____

Station/Location last year _____

Treats to be provided (describe if known) _____

Additional Activities (if any) _____

Person coordinating volunteer workers _____

Phone - Days: _____ Evenings: _____ Cell _____

I/We agree to sponsor and staff a Safe Halloween Trick or Treat Station on the grounds of the Kern County Museum on Friday and Saturday, October 30 and 31, 2009. I/We will decorate the assigned location and provide **4,400 individual treats** according to the decoration and handout guidelines. Please confirm as soon as possible. ***Completed form must be received by Monday, October 12, 2009 to be included in the program.***

WE HEREBY AGREE TO:

Abide by the guidelines set forth by the Safe Halloween Committee. Indemnify and hold harmless the County of Kern, the Kern County Board of Education, the administrative agency, each member of the Kern County Museum Authority Board, Kern County Museum Foundation and members of the Kern County Museum Foundation, and their respective employees, officials, agencies and representatives respecting any and all claims and suits which arise from the operation and activities connected with conducting a Halloween activity on the subject premises during the term of this license.

We will provide a copy of any printed handouts to the Foundation, no later than one week prior to the event, for approval. [] Please initial.

WE UNDERSTAND:

The committee does not warrant or represent the activity area to be safe, healthful or suited to the licensing purpose. The Museum Authority will not be responsible for loss or damage to Licensee's property while at the Kern County Museum. Deviation from the activity described on this form could cause the Safe Halloween Committee to cancel your participation.

Signed _____ Title _____

Print Name _____ Date _____

Send completed application to:

Kern County Museum Foundation Attn: Penelope Bartenstein
P.O. Box 2213 ~ Bakersfield, CA 93303
(661) 852-5020 Fax: (661) 852-5096
email: pebartenstein@kern.org or hefowler@kern.org