



Taconic State Park | Copake Falls
NYS Parks, Recreation, and Historic Preservation



TRUNK OR TREAT

October 19th, 3pm-6pm
Car Trunk Registration Form
All writing must be legible, email required

Name of Organization/Business/Individual: _____

Contact Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: _____ Additional Number: _____

Email: _____

Vehicle Plate #: _____ Make/Model: _____

Your Car Trunk Theme: _____

Please sign below that you adhere to the following policies and Taconic State Park & OPRHP's waiver.

- Only pre-packaged candy or treats are approved (appropriate non-food treats encouraged)
- NO scary or overly spooky displays
- All car trunks must be registered with the Park Office. All trunk participants will receive confirmation with instructions prior the event via email.
- All trunk displays and treats will be inspected prior event start.
- No electricity will be provided.
- An adult and/or parent must be with their vehicle at all times during the event for safety reasons.
- Absolutely no political, religious or personal advertising on candy wrappers will be allowed.
- Any photography taken at or during the event of yourself, or vehicle, can be used for the Park's promotional purposes.

*We will have a best dressed vehicle contest for all participating trunks.
Vehicle space will be limited, so please return this form no later than October 5th! And don't forget to wear your costume!*



Form NOT valid unless signed here by adult participant.
Participation in this program may involve risk of injury. As an adult participant (18 years or older), I am aware of these hazards and my ability to participate. In consideration for participating in the program, I hereby for myself, my heirs, executors and administrators indemnify and hold harmless any and all claims of damage against the NYS Office of Parks, Recreation, and Historic Preservation, and the Taconic Region for any and all kinds of injury, including but not limited to personal injury, and/or property damage suffered by my child, or myself, or my ward while participating in this activity.

SIGNATURE: _____ DATE: _____





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TRUNK OR TREAT

GET SPOOKY!



October 19th, 2024
3pm-6pm

CELEBRATE THE SPOOKY SEASON WITH US AND COME
OUT FOR A FAMILY FRIENDLY TRUNK-OR-TREAT. WEAR
YOUR COSTUME AND VOTE ON YOUR FAVORITE DISPLAY!

Interested in being part of the event and
registering your vehicle?

Email: Haley.Sylvan@parks.ny.gov

