



**Chamber's Halloween on Second Street
FUN – SAFE & KIDS GET LOTS OF CANDY
Will be held after Jackson Alive Festival**

**October 27, 2018
6 TO 8PM**

Please help us by donating wrapped candy or money for the many children who participate.

ABSOLUTELY NO ONE OVER THE AGE OF 15 ALLOWED TO COLLECT CANDY. YOU MAY NOT COLLECT FOR CHILDREN WHO ARE NOT PRESENT!!!

YOU WILL BE TURNED AWAY IF YOU TRY THIS. IT IS a fun time FOR EVERYONE & WE ENCOURAGE YOU TO DRESS UP, BUT CHILDREN ONLY FOR CANDY!!!!!!

**Please go to www.buttschamber or call our office
770-775-4839 for applications.**

The Halloween Candy give-a-way route will start on Mulberry St. at the Verizon Store at the corner of 3rd & Mulberry Street. YOU MUST HAVE A TABLE TENT ON YOUR TABLE SHOWING THAT YOU HAVE REGISTERED TO BE A PART OF HALLOWEEN ON SECOND STREET. THIS WILL BE GIVEN TO YOU BY THE CHAMBER. SUPERVISION WILL BE PROVIDED BY THE CITY OF JACKSON POLICE DEPARTMENT AND THE BUTTS COUNTY SHERIFF'S OFFICE.

Name of Business, or Individual Participating _____

Mailing Address _____ City _____ Zip _____

Contact Person _____ Email _____

Telephone or Cell# _____

Continued on back-----

ONLY the space on Second Street is provided. You are responsible for table, chairs, decorations, etc. The downtown merchants or organizations **WILL BE SET UP** on Mulberry, Oak & Second St. There is no-cost for this event other than if you would like to donate \$25 or more toward the purchase of candy. If you choose to donate, then you will receive candy to pass out to the children on Halloween. We will notify you when to pick up your candy.

SPONSORED BY: BUTTS COUNTY CHAMBER OF COMMERCE

PLEASE RETURN THIS FORM WITH YOUR DONATION & MARK ONE OF THE FOLLOWING:

Yes, I do want to donate \$25 and set up to pass out candy _____

Yes, I do want to donate \$\$\$ and **NOT PARTICIPATE**. I am donating \$ _____

Yes , I want to participate, but will furnish my own candy _____

DEADLINE OCT. 20, 2018 TO BE ASSIGNED A SPOT TO PARTICIPATE

This waiver must be signed. In consideration of acceptance of this entry, I hereby waive any and all claims for myself and me heirs against the Butts County Chamber of Commerce and City of Jackson, Jackson Police Department, Butts County Sheriff's Office for any injury or damages arising from this event and activity associated therewith.

Signature of Participant & Name of Business _____

_____ DATE: _____

Butts County Chamber of Commerce
625 W. Third St., Ste. 6, Jackson, GA 30233
770-775-4839/770-775-4868 (FAX)
www.buttschamber.com