



**TOWN OF MARS HILL**  
ADMINISTRATION OFFICE  
280 N. MAIN STREET • PO BOX 368  
MARS HILL, NC 28754  
PHONE: (828) 689-2301 • FAX: (828) 689-3333

## **MARS HILL HALLOWEEN TREATING EVENT APPLICATION**

**EVENT DATE: Friday, October 31, 2025**  
**EVENT TIME: 4:00 PM until 7:00 PM**

The Town of Mars Hill welcomes community participation in the Mars Hill Halloween Treating Event. All area businesses, churches, community and school organizations, and others interested in participating must complete and submit this application. The application is available from the Administration Office in the Town Hall or the Town website, [www.townofmarshill.org](http://www.townofmarshill.org). The application must be returned no later than October 28, 2025.

### **GENERAL INFORMATION**

Please print or type

<b>Name of Organization</b>			
<b>Address of Organization:</b>	<b>City</b>	<b>State</b>	<b>ZIP:</b>
<b>Contact Name:</b>	<b>Contact phone #:</b>		
<b>E-mail address:</b>	<b>On-Site Contact Cell #:</b>		

### **PARTICIPANT INFORMATION**

**Check one:**

- ☐ School    ☐ Church    ☐ Community Club    ☐ Business/Commercial    ☐ Non-Profit Organization  
☐ Other \_\_\_\_\_

**Description of Entry:**  
(Product, purpose, etc.)

**Terms and conditions are on page 2 of this application. Please read all conditions and sign the Acknowledgement on page 2 of this application. For questions and other information, please contact the Mars Hill Town Hall at (828) 689-2301.**

## TERMS AND CONDITIONS

### TERMS & CONDITIONS

1. **SAFETY is our primary concern.** Please help us reduce risk by being observant of your surroundings.
2. **NO VEHICLES PERMITTED IN THE EVENT AREA.**
3. **Participation in this event is at your own risk.**
4. Participants will be provided with a designated area and must provide own table and/or tent.
5. Participants must contain their operation within the space provided.
6. All food/candy must be prepackaged in original wrapping. **No homemade food products are allowed.**
7. Submission of application does not guarantee acceptance due to limited space.
8. In the case of participant cancellation, please notify the Event Coordinator by calling the Mars Hill Town Hall at (828) 689-2301.
9. The participant releases and holds harmless the Town of Mars Hill, organizers of the event, and it's sponsors from liability due to breakage, theft, injury, or bodily harm while at the event.
10. **Cancellation Policy:** In the event of severe weather cancellation, information will be announced via the Town of Mars Hill Social media accounts on Facebook, Instagram, and X, as well as the Mars Hill CodeRED Alert System, local radio, and TV stations. There will be **NO** rain date.

### ACKNOWLEDGMENT

I have read and understand the rules governing participation the Town of Mars Hill Halloween Treating Event. I have voluntarily submitted an entry application to the Town of Mars Hill to participate in this event and hereby acknowledge that the information I have provided on this application is accurate and complete. I acknowledge that it is my responsibility to carry full and complete insurance coverage as may be required. I hereby release and forever discharge the Town of Mars Hill, board members, employees or agents from any responsibility or liability from any injuries that may occur by whatever source or nature while participating in the Mars Hill Halloween Treating Event.

**By signing below, I acknowledge that I have read and understand the foregoing statement and agree to the terms and conditions of this document in full.**

\_\_\_\_\_  
**Printed or Typed Name Applicant / Representative**

\_\_\_\_\_  
**Signature of Applicant / Representative**

\_\_\_\_\_  
**Date**