

CARNIVAL GAME FUNDRAISER APPLICATION HALLOWEEN FEST 2025



_DATE:_____

Tuesday, October 28, 2025 4:00pm - 8:30pm

NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS NAME/ CLUB	TEAM NAME:	
EMAIL:		
PHONE:	CELL:	
*Describe your team/ bu 	siness. How will the proceeds earned	d from the Carnival be spent?
	IPTION: (PLEASE GIVE 3 OPTIONS, THE	-
OPTION 3		
2. Vendors will provide 1 bring a battery operat 3. Vendors will provide p 4. Each carnival ticket is than \$3.00. Please may coordinator. Be creat of the night. Checks w 5. Vendors shall remove 6. All participants shall SMOKING, NO VAPIN leave the premises in	1pm - 3:30pm and be ready for custome -2 popup tents (10' - 13' ONLY), tables & ted light for your tent. Each vendor will props, decor, prizes, & supplies for carn worth \$.50 cents. Each turn to play make your own signage. Signage needs to tive! The better your games & prizes, the will be cut the next day. all trash from YMCA premises. exhibit professional manners at all time G, NO DRUGS, NO ALCOHOL event. Anyone	chairs. We strongly encourage you to have 2 parking stalls. ival games. It you go lower than \$1.00 and no more to be pre-approved with the events are more tickets you'll have at the end less during this event. This is a NO one in violation will be asked to NDAY, SEPTEMBER 29, 2025.
	OR ashley.hanohano@islandofha	waiiymca.org
hereby acknowledge that sland of Hawaii YMCA.	all information given is true & I understa	nd the policies and rules set forth by
RINT NAME:		-

SIGNATURE:____