



TRUNK or TREAT VEHICLE REGISTRATION

Name: _____

Address: _____

Telephone: _____



Make/Model of Vehicle: _____ License Plate # _____

NO INSURANCE PROVIDED

I, the undersigned, hereby release any and all claims that I may have against the Village of Walden, their officials, employees and volunteers.



**Must be turned in by October 25th
To the Village of Walden Library Drop Box
Or
Mail to: Walden Recreation
One Municipal Square
Walden, NY 12586**

