

# Tenaflly Community Night PARTICIPANT REGISTRATION FORM

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Name of Business/Organization\_\_\_\_\_

Address\_\_\_\_\_

Contact Name\_\_\_\_\_

Contact phone# Work:\_\_\_\_\_ Cell\_\_\_\_\_

Email\_\_\_\_\_

- Yes I will set up a table and provide a give-away or entertainment.**

Please explain the type of item/entertainment:

- I will need more than the 8ft x 8ft space allotted because:  
(please explain the type of display and size if known)

- I will set up a table but will not provide a give-away or entertainment.**

I have included a donation of \$\_\_\_\_\_.

- I will not be able to participate, but I have included a donation of \$\_\_\_\_\_.**

Please make checks payable to: Tenaflly Community Night

This form can be returned via mail or email:

Mailing address: Tenaflly Police  
Attn: Sgt. Roux  
100 Riveredge Road  
Tenaflly, NJ 07670

Email address:  
TenafllyCommunityNight@gmail.com