



CHALK THE WALK APPLICATION

___ Individual

___ Group

Name _____

Contact Person (if group) _____

Address _____

Phone Number _____

Preference:

Road Section _____

What size do you need _____

Sidewalk Section _____

What size do you need _____

Spaces will be assigned on a first come, first serve basis.

Wavier: I understand that I am agreeing to play in the streets (they will be closed off) and I hold no one responsible for my safety. I will not hold any member of the Hebron Business Association, the Town of Hebron or any committee member with the Hebron Music and Arts Festival liable for my negligence.

Print Name _____

Signed _____

Parent if under 18 _____

RETURN TO HEBRON BUSINESS ASSOCIATION - PO BOX 122 – HEBRON, OHIO 43025 or go online and submit at

www.hebronmusicandartsfestival.com