



Hondoween Participant Application

Parks and Recreation Division - City of Hondo

Mailing Address ● 1600 Avenue M, Hondo, TX 78861 **Office Hours** ● M – F 8:00 am – 5:00 pm **Phone** ● 830-426-2475

Applicant / Event Representative Name: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Numbers: Home:() _____ Cell: () _____ Work: () _____

Email: _____ Website: _____

Event On-Site Coordinator Name: _____ Cell: () _____

Event Information

Park: __VETERANS MEMORIAL SQUARE Name of the Event: HONDOWEEN

Event Type: Festival - Event Date(s) and Hours of Operation: __SUNDAY, OCTOBER 26, 2024 5-7PM

Event Set Up Date(s) and Times: OCTOBER 26, 2025__3:30PM

Event Break Down Date and Anticipated Time of Completion:___7:00pm_____

No Electricity or Water Provided - Please bring enough treats for approximately 500 attendees. APPLICATIONS MUST BE RECEIVED BY OCTOBER 19, 2025 -

Awinkler@hondo-tx.org

Signature: _____ Date: _____

For office use: Booth # _____