

Parent/Guardian Information

First Name	Last Name		_
Email	Phone Number (for emergency use)		
Address			
Street 1:			
Street 2:			_
City:	State:	Zip Code:	
	,		

Trick-or-Treater Information

Number of adults accompanying the trick-or-treaters: _____

Trick-or-Treater's Name	Treat Type (Circle one)
1:	Candy or Non-Candy
2:	Candy or Non-Candy
3:	Candy or Non-Candy
4:	Candy or Non-Candy