



PBGW's 6th Annual
Halloween Bash

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 (<i>Circle one</i>)
1:	Candy or Non-Candy
2:	Candy or Non-Candy
3:	Candy or Non-Candy
4:	Candy or Non-Candy