

Safe N' Treat

Register to Participate on SATURDAY, OCTOBER 28TH



Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Please check all that apply

Yes, I would like to save lives by donating blood! Please contact me to schedule.

Yes, children from my family (or friends) will be participating in the costume contest.

Three children with the most creative and original costumes will win a \$50 savings bond. Competition Categories (Ages 0-5, 6-10, 11-14). **NO SCARY COSTUMES, PLEASE.**

Name of children participating in costume contest.

Age:

Yes, I will distribute candy for the 1st Annual Neighborhood Safe N' Treat Night

This option is available only to families living between 69th and 71st streets between Fiebrantz and Congress. You will receive an envelop with a balloon for your front porch, a sample of the trick-or-treat bag, an estimate of the number of participants. If children from your house will be trick-or-treating, please have someone at your house to distribute candy. **We need your participation in order to make this a special night for our children!**

Yes, I would like to register children (ages 0-14) for trick-or-treating

The cost is **\$2.00 per child** (assist with cost of trick-or-treat bag, glow necklace, ID kit, and more). Trick or Treat bags can be picked up from Dineen Park Pavilion between 10:00 am and 5:00 pm on Saturday, October 28th. Please enclose payment with this form. Grandchildren, nieces, nephews, friends, etc. are welcomed to participate. **ONLY CHILDREN WHO HAVE PRE-REGISTERED WILL BE ABLE TO PARTICIPATE.**

of child(ren) participating

\$2/ea

Total Enclosed: \$ _____



Please return by **OCTOBER 20TH** by mail or to the mailbox at:

Roxie Hentz
4228 N. 70th
Milwaukee, WI 53216