

Trunk or Treat

Registration Form

NWCSRA Participant Name: _____

Names of Other Attendees:

Trunk or Treating?

Yes No

Yes No

Yes No

Yes No

Preferred Time Slot: (Circle One)

3:00-3:20 pm

3:30-3:50 pm

4:00-4:20 pm

4:30-4:50 pm

Total Number of Trunk or Treaters:

Residents: _____ X \$5 each = _____

Non-Residents: _____ X \$8 each = _____

Total: _____

Date _____

CHECK # _____

CASH

MC VISA CC # _____

Cardholder Name _____ Exp. Date _____ CCVS# (3 digits on back of card) _____