



TRUNK OR TREAT REGISTRATION

COMPANY NAME: _____ DATE: _____

NAME: _____

PHONE: _____ E-MAIL: _____

PLEASE CHECK BOX THAT IS BEST TO CONTACT YOU BY: PHONE _____ E-MAIL _____

FOR MORE INFO ABOUT THIS EVENT CONTACT: SHARON MORRIS (225) 621-2005

E-MAIL REGISTRATION TO: sharon.morris@thearcea.org