



**NATIONAL NIGHT OUT
TUESDAY AUGUST 1, 2017
REGISTRATION FORM**

NEIGHBORHOOD: _____

CONTACT PERSON: _____

ADDRESS: _____

CELL PHONE # _____ Email Address _____

DIRECTIONS TO CELEBRATION SITE _____

START TIME _____ END TIME _____

NUMBER OF EXPECTED PARTICIPANTS:

DESCRIPTION OF PLANNED ACTIVITIES:

COMPLETE FORM AND MAIL, EMAIL OR FAX TO:

CONNIE GRAY.....grayc@ccso.us

P.O. BOX 189, LA PLATA, MD 20646

FAX: 301-609-3258

NEED ADDITIONAL INFORMATION: 301-932-3080

**PLEASE RETURN FORM BY JULY 7th 2017
This will allow us time to schedule our Officers and McGruff.**