

Greater Cleveland SAFE KIDS/Safe Communities Coalition

2011 Halloween Safety Campaign
Membership Participation Form

Yes, our agency will conduct the Halloween Safety Promotion.

Where:

Community: _____

School(s): _____

Approximate Date(s): _____

All items free of charge/quantities limited/while supplies last

Campaign Materials	Quantity
Halloween Bags	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200
Activity Master Sheets	<input type="checkbox"/> 1

Name of sponsoring agency: _____

Contact name: _____

Address for Shipping: _____

Phone number: _____ E-mail address: _____

Please return responses by fax to 216-983-1180.