CHARLOTTE COUNTY SHERIFF'S OFFICE



SHERIFF BILL PRUMMELL

Port Charlotte Town Center Mall 1441 Tamiami Trl., Port Charlotte

October 31st
CHECK-IN & SET-UP: 3:00-4:10p.m.
ALL participants MUST arrive NO LATER than 3:45p.m.
and be ready to begin by 4:15p.m.
EVENT TIME: 4:30 pm - 8:00 pm

FOR QUESTIONS, CALL OR EMAIL JEN WILSON: (941)575-5240 / JWILSON@CCSOFL.NET

Thank you for joining us in creating a safe and fun Halloween for the children of Charlotte County! Thanks to our generous community partners & CCSO staff who have continued to help make this event a success, we are estimating **over 5,000** attendees this year! Whether you are joining us for the first time or returning for another year of Halloween fun, we are so thankful for your participation. Please keep in mind that we will provide tables and candy to <u>CCSO Units ONLY</u>. Community partners must bring their own tables and <u>INDIVIDUALLY WRAPPED</u>

<u>CANDY</u> or other items to pass out. Other items must be approved by CCSO prior to the event. This is a family friendly event. Therefore, no violent or scary displays of any kind will be permitted. All booths are subject to inspection prior to the start of the event to assure a spooktacular fun night for the children.

This year we are excited to announce that there will be TWO competitions! Each winner will receive a trophy.

- 1) Most Creative <u>Outdoor</u> Booth **START PLANNING!!**
- 2) Most Creative Indoor Booth

-SAVE A COPY AS YOUR REMINDER-

| 2) Host oreative inager booth                     |                      |
|---|----------------------|
| NAME OF AGENCY OR CCSO UNIT:                      |                      |
| CONTACT PERSON(S):                                |                      |
| EMAIL:  |                      |
| PHONE #:  |                      |
| PERSON(S) ATTENDING:                              |                      |
| INSIDE OR OUTSIDE SPACE REQUESTED: INSIDE OUTSIDE | For CCSO Staff Only: |
| ARE YOU BRINGING A VEHICLE TO DISPLAY? YES NO NO  | Received By:         |
| IF YES, WHAT TYPE OF VEHICLE?:                    | Date:<br>On List:    |
| WHAT WILL YOU BE PASSING OUT:                     | Booth Number:        |