



**CELEBRATE SAFE
COMMUNITIES
PARTICIPATION FORM**

**PLEASE RETURN
COMPLETED FORM
ON OR BEFORE:**

**September 16,
2011**

NEIGHBORHOOD OR
APT. COMPLEX NAME: _____

EVENT LOCATION: _____

EVENT DATE/TIME: _____
_____ P.M. -- _____ P.M.

NEIGHBORHOOD CONTACT NAME:

CONTACT TELEPHONE #: _____
EMAIL: _____

WHAT ACTIVITIES ARE YOU PLANNING? _____
*List of sample activities included _____

HOW MANY PEOPLE DO YOU EXPECT? _____ (APPROX.)

WOULD YOU LIKE A VISIT FROM AN OFFICER THAT NIGHT? YES NO

WOULD YOU LIKE CHILD-FRIENDLY GIVEAWAY ITEMS? YES NO

PLEASE RETURN YOUR COMPLETED FORM TO:

KAREN FOLEY
NEIGHBORHOOD SERVICES
P.O. BOX 430
BOWLING GREEN, KY 42102-0430 OR FAX TO: (270) 393-3077