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| Name: | Email: | Do you Trick or Treat with your children or by yourself each year? |
| Do you celebrate Halloween?  Yes  No | **Do you carve pumpkins around October?**  **Yes  No** | **Do you dress up for Halloween?**  **Yes**  **No** |
| What as? | **Do you decorate your home?** | **What is your favorite Halloween movie?** |
| Do you celebrate with your family?  Yes  No | **Do you hand out candy for the Trick or Treaters?**  **Yes**  **No** | **Coming back from Trick or Treating (if you do), what candy are you looking forward to eating most?** |