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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?**  |