

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