

McLane McParents

Trunk or Treat Fundraiser

Friday, October 27th (5:00 - 6:00 PM)

Please complete this form and return to school with payment (if necessary) no later than **Friday, October 20, 2023.**

_____ Total number of children attending Trunk or Treating. We use this number to determine how much candy will be needed. Please include any children that are trunk or treating whether you are hosting a truck or not.

Name used for check in: _____

Option 1

_____ I will be hosting a trunk. There is **no cost** for me or my family to participate in the trunk or treat. You will be emailed at a later date with the number of registered trunk or treaters. Set up starts at 4:00pm in the upper parking lot.

Contact Name: _____

Email: _____

Phone Number: _____

Vehicle Details: _____

Theme (if known): _____

Option 2

_____ I will **not** be hosting a trunk but would like my children to participate. The cost to me is **\$15** for my entire family to participate in trunk or treat. *A parent must attend with their child.* Check in starts at 4:45 at either end of the parking lot. Trunk or Treat starts at 5:00pm.

I have included a total payment of _____ for trunk or treat. Cash or check is accepted. Please make checks payable to **McLane McParents.**