



CITY OF SUGAR LAND

Halloween Town Costume Contest Entry Form

**** A separate form must be filled out for each entrant.**

Name of Contestant: _____

Name of Contact on day of the Event: _____

Contact Phone Number: _____

Contact Email Address: _____

**Please nominate which category you would like to enter
(** You may only enter in one category)**

0-3 Year Olds 4-6 Year Olds 7-9 Year Olds 10-12 Year Olds

Pet

HURRY!!! Only the first 40 applicants per category will be accepted.

CONTEST REQUIRMENTS:

- All contestants must meet at the City’s information tent located to the side of the City Hall steps by 4:30 p.m. on the day of the event, 31st October for further instructions.
- “Scare Friendly” Costumes Only (costumes must be rated PG)
- No blood or gruesome/horror items will be allowed
- Contestants can only participate in one category

PLEASE RETURN THIS FORM BY OCTOBER 28 2009

FAX: 281.275.2891
EMAIL: hiosif@sugarlandtx.gov
MAIL: Parks and Recreation Department
200 Matlage Way
Sugar Land TX 77478

For more information call 281.275.2885

