



**CHARLESTON DAY SCHOOL  
HALLOWEEN CARNIVAL  
PARTICIPATION FORM**

**DUE: OCT. 30, 2017**

**Cost: \$15 Per Child, not  
to exceed \$30 per family**

**Family Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Family Members and Guests Attending:**

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**total:** \_\_\_\_\_

