



SCHAUMBURG NATIONAL NIGHT OUT EVENT REGISTRATION

Association/Neighborhood Name: _____

Event Location (Park, Clubhouse, Home/Bus Address, etc.) : _____

Approximate Time of Event (Start/End): _____

Organizers Name: _____

Address: _____

Contact Phone Number(s): _____

Email: _____

Estimated number of attendees at your event:

Adults: _____ Children: _____

(This information will assist us in providing you with give-away items)

Special Requests: _____

Please return form to [Paula Diaz](#) by July 15. Thank you.



Office use only

Beat: _____ District Officials: _____

Materials Provided: _____

Officials Attending: _____

Comments: _____