



GREENVILLE POLICE DEPARTMENT NATIONAL NIGHT OUT PROGRAM REGISTRATION FORM



| | |
|-------|-------|
| Name: | Date: |
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| Address: |
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| City/Zip: |
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| |
|---------------|
| Phone Number: |
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| |
|-----------------|
| E-mail Address: |
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|--------------------|
| Activity Location: |
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|----------------------|---------------------|
| Activity Start Time: | Activity Stop Time: |
|----------------------|---------------------|

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|-----------------------------|
| Type of activities planned: |
|-----------------------------|

Please number in order of preference (1-7) who you would like to visit your event. We will make every effort to honor your request.

| | | | |
|--------------------|-----------|----------------------|--------------|
| Police Department: | McGruff : | Fire Department: | Ambulance: |
| City Manager: | Mayor: | City Council Member: | Other: _____ |

Return to: Greenville Police Department Fax to: 903-454-0031
Attn: Officer McCaslin email to: cmccaslin@ci.greenville.tx.us
P.O. Box 1049
Greenville, TX 75403-1049