

National Night Out Against Crime

August 5, 2008

OFFICIAL REGISTRATION FORM

Organization/Group: _____
Primary Contact: _____ Title: _____
Address: _____
City: _____ Zip Code: _____
Daytime phone: _____ Evening phone: _____ Fax: _____
Email address: _____
Alternate Contact: _____ Title: _____
Address: _____
City: _____ Zip Code: _____
Daytime phone: _____ Evening phone: _____ Fax: _____
Email address: _____

May we give this information to the media for promotional purposes? Yes No

Please tell us what your group is planning for National Night Out Against Crime.

Who will participate (e.g. neighbors, businesses, church members, etc.): _____

Please tell us what you are planning to do: _____

Where will your event be held? (Please be specific (street address, zip code, etc.): _____

What time on August 1st will your event begin and end? (e.g. 6-9 p.m.): _____

Type of group (e.g. neighborhood, civic, church, business, etc.): _____

How many people do you expect to participate in your event? _____

Would you like public safety personnel at your event? ___ Fire Dept. ___ Police Dept. ___ Sheriff's Office; Other agencies _____

(Please note that most of the public safety personnel will be on-duty, which may limit their ability to participate.)

Please use the reverse side for any additional information or communication to this office.

PLEASE MAIL THIS FORM TO:

Mayor's Office of Neighborhoods
Attn: Brady Banks
Historic Courthouse
One Public Square
Nashville, TN 37203

QUESTIONS ?

Call **Brady Banks** at 862-6000 or email
at brady.banks@nashville.gov or

Call **Erin Williams** at 862-6000 or email
at erin.williams@nashville.gov