Thank you for participating! We are excited to offer this event to patients and families!

If your department plans to join the trick or treat festivies, please complete the form below.
The first 25 forms received will be guaranteed a table.

☐ Yes! We want to participate!

Department: _____
Contact Person: _____
Phone Number: _____

Planned Treats:

Under 3: _____
3-12: _____
Teens 12+: _____
Special Needs:_____

Return this form by Friday, October 18th, 2024
to Megan Hodges-Cook in the Child Life Department
via email--patienteventsc@cookchildrens.org
For more information , please call 682-885-4270. Thank you for making this event special for patients and families!