

Fairfax County National Night Out Event Registration 2016

Tuesday, August 2, 2016

Name of Community/Neighborhood _____

Contact Person _____

E-mail address _____

Phone Number _____

Type of Event (i.e. cookout, ice cream social, lights on campaign)

Location of Event (type of location and address i.e. pool at 12000 Bowman Towne Dr.)

Time of Event (start and finish, please) _____

How many people are you expecting? _____

Did you have an event in your community last year? _____

Please e-mail this scanned form or send the event specifics to the West Springfield Crime Prevention Office to any of the following:

Master Police Officer Michael Stewart
Michael.Stewart@FairfaxCounty.gov

Mail: 6140 Rolling Road Springfield, VA
22152

Fax: 703-912-6851

