National Night Out Participant Form

Email or fax completed form to: iperretta@laurel.md.us or (410)880-0817

Date of Event: ___August 2, 2022___  Date of Request to Participate: __________________________

Location of Event: ___8300 Mulberry Street Laurel, Maryland 20707_________________________

Times of Event: ____1800-2100 (setup at 1600 hours)____________________________________

Organization Name: _________________________________________________________________

Organization Coordinator Name: ______________________________________________________

Organization Coordinator Phone Number: ______________________________________________

Organization Coordinator Email Address: _______________________________________________

Organization Website (If Applicable): ___________________________________________________

Number of Organization Attendees: ____________________________________________________

Organization Description: __________________________________________________________

__________________________________________________________________________________

Special Considerations (ie. number of tables, number of chairs, electrical outlet access, etc.):
__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

For office use only

Event Commander Approval: ___________________________________________________________

Date of Confirmation Email Sent to Organization: _________________________________________

Requests must be made at least 5 business days in advance. Requests made without proper notice may not be able to be accommodated.