

Last Name _____

Please indicate your level of interest in the following neighborhood activities. Additional ideas are welcome and may be written at the bottom of the page.

Don't forget to include your name so that you may be contacted as plans are made for the activities in which you have indicated an interest to participate. **Please return this page to Karen Malcolm.**

<u>ACTIVITY</u>	<u>CIRCLE ONE</u>	
Quarterly Wine Tasting Gathering	YES	NO
Neighborhood Cookbook	YES	NO
Monthly Summer Outside Movie Night In Neighborhood (Middle section of lawn area)	YES	NO
Men's Golf Outing	YES	NO
Men's Poker or Card Night	YES	NO
Women's/Girls Night Out/Chick Flick &/or Dinner	YES	NO
Annual Block Party Picnic	YES	NO
Children's Scavenger Hunt	YES	NO
Children's Winter Wonderland Snow Building Contest (I.e. Snowman, Fort)	YES	NO
Children's Easter Egg Hunt	YES	NO
Annual Adult Holiday Party	YES	NO
Lawn Mower Races	YES	NO
"Stay IN Shape" Neighborhood Walk	YES	NO
Garden Walk	YES	NO
Backyard Miniature Golf	YES	NO
_____	YES	NO
_____	YES	NO
_____	YES	NO