

# NEIGHBOURHOOD BLOCK PARTY QUESTIONNAIRE

How about an opportunity to meet each other and have some fun?  
To get this event underway, we would like to know what you think.

	Yes	No (please check)
Are you interested in attending a block party?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in helping plan a block party?	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Do you have any ideas that you would like to incorporate into the event?

Optional: Are there any dates or times that are not ideal for scheduling an event?

Please let us know your name and contact info. for future correspondence:

Name:	<input type="text"/>	
Address:	<input type="text"/>	
Contact Info.:	<input type="text"/>	ie. email or phone #

Please return this questionnaire by:	<input type="text"/>	(date,time)
to:	<input type="text"/>	(organizer name)
at:	<input type="text"/>	(organizer address)

Thanks Neighbour!

We will send out more information at a later date, including: the date of the party, what is needed to bring, signups for setup, cleanup etc.