



HALLOWEEN PARTY

SATURDAY, OCTOBER 24, 2009

6:00 pm – 9:00 pm

Family Name _____

Number Attending _____

Salad _____

Or

Dessert _____

Will you be decorating a table? _____

**Return form by October 15, 2009 in an envelope
marked Halloween Party – Denise Ashton c/o
Brianna Ashton, Grade 7.**

