

Halloween II Sweepstakes

Official Entry Form

No purchase necessary to enter
A purchase will not improve your chances of winning

Contest *begins* **October 30th, 2009**
and *ends* **November 15th, 2009**

Name: _____

Date of Birth (mm/dd/yyyy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

I have included an original Halloween II ticket stub dated October 30th, 2009 through November 5th, 2009.

I have read and agree to abide by the Halloween II Sweepstakes Official Rules, which can be found at <http://Halloween2-movie.com/contest>

Signature: _____

Date: _____

Mail this completed form along with your original ticket stub to:

Halloween II Sweepstakes
Attn: Contest Services
c/o The Weinstein Company
99 Hudson Street, 4th Floor
New York, NY 10013