

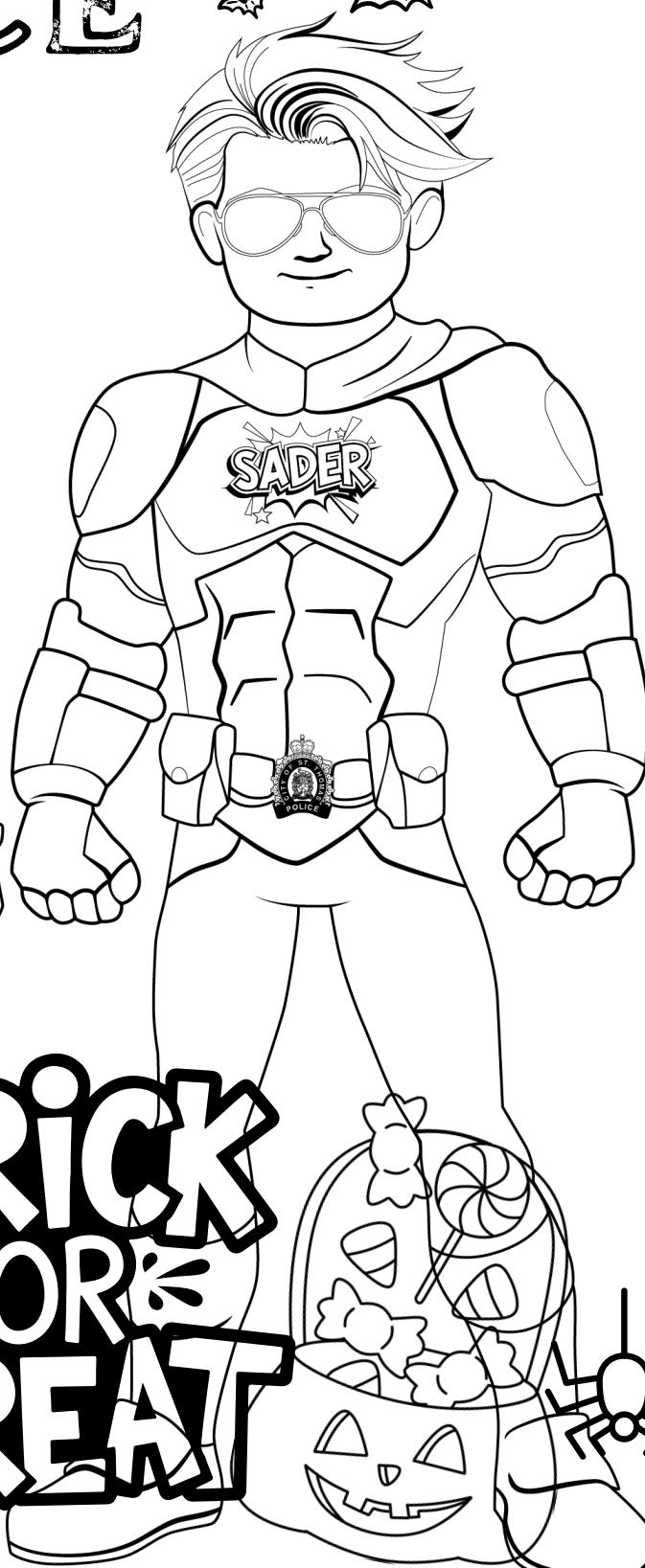
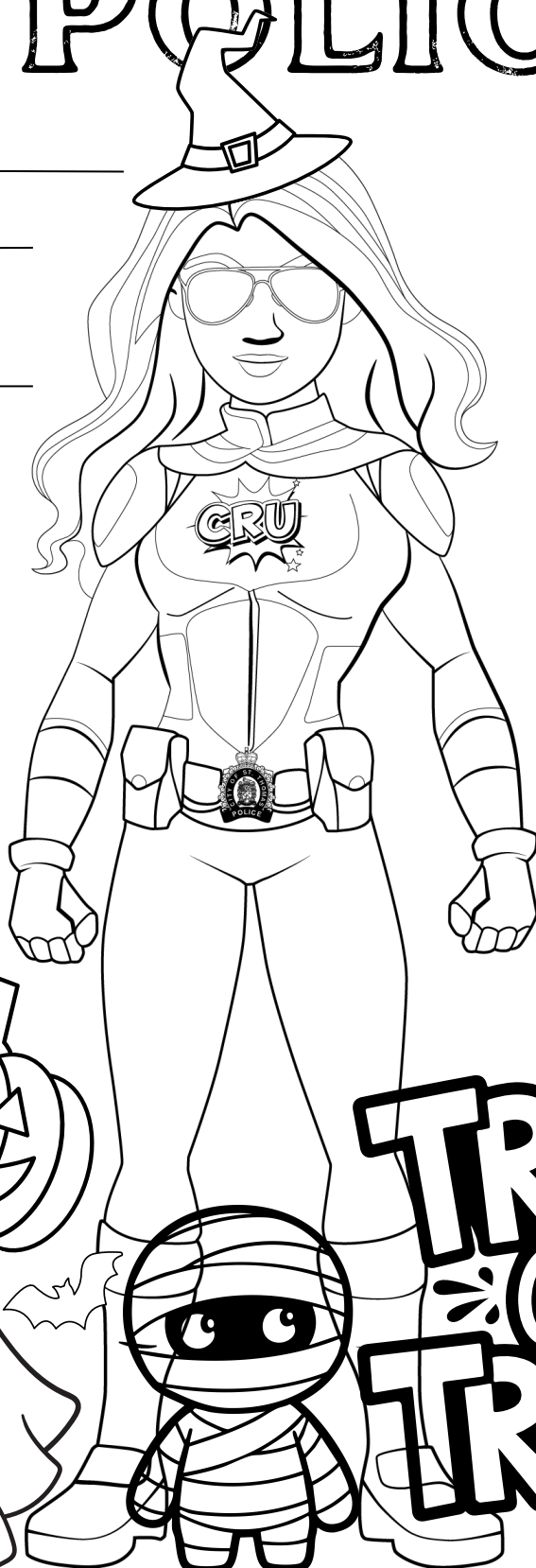
ST. THOMAS POLICE



Name: _____

Age: _____

Contact: _____



TRICK OR TREAT

