

Child Request Form

Parent(s) Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

#1 Date and Time to drop off gifts: _____

#2 Date and Time to drop off gifts: _____

Child Information:

Name: _____

Gender: _____

Age: _____

Shoe Size: _____

Shirt Size _____

Pant Size: _____

Wish List Item #1: _____

Wish List Item #2: _____

Wish List Item #3: _____

Special Interest:

Please fill out form and email it to:

info@triciaskids.org