

2020 ADVENT GIVING TREE REGISTRATION

FAMILY ID# _____ (OFFICE USE ONLY)

PLEASE PRINT CLEARLY—PICK UP INFORMATION WILL BE MAILED TO THE ADDRESS SHOWN BELOW.

PARENT'S NAME: _____

MAILING ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

ONLY CHILDREN 16 YEARS OF AGE AND UNDER WILL BE SERVED

CHILD'S FIRST NAME ONLY	AGE & GENDER	CLOTHING SIZE & SHOE SIZE	GIFT SUGGESTIONS/NEEDS
1.	Male/ Female		
2.	Male/ Female		
3.	Male/ Female		
4.	Male/ Female		
5.	Male/ Female		
6.	Male/ Female		