



## REGISTER YOUR YOUNG ADULT FOR A GIFT OF "HOLY COMFORT" \*\*

### YOUNG ADULT INFORMATION:

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

AWAY-FROM-HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SCHOOL/UNIT \_\_\_\_\_ FOOD ALLERGIES (LIST) \_\_\_\_\_

### PARENTS' INFORMATION:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**\*\* GIFT BOXES TO BE MAILED OUT IN FEBRUARY 2018**



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