

Family # _____

Halls Toy Ministry-2016

PARENTS NAME AND ADDRESS:

Phone #1 _____ Phone #2 _____

(We must have working phone numbers to reach you or your application will be forfeited).

CHILDS NAME (First and Last Name)

AGE

SCHOOL

Special Interest:

Pants

Shirt

Shoes

Fav. Color

CHILDS NAME (First and Last Name)

AGE

SCHOOL

Special Interest:

Pants

Shirt

Shoes

Fav. Color

CHILDS NAME (First and Last Name)

AGE

SCHOOL

Special Interest:

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