2010

Hudson Holiday Coalition for Giving Referral Form
Please list ALL children in family

Family must be Hudson Residents. Proof of residence must be provided.
Toys and clothing are for children under 16 years of age, unless mentally or physically disabled.

Referring Agent:_____

Parent Contact_____

Child's Address_____

Day Phone #_____Night Phone #_____

Second Contact Person _____ Phone #_____

School Child Attends_____

For each child, please list all information (1) Name, Age & Date of Birth (2) Clothing Size (3) Boot Size) and (4) "Toy Wish List"

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I will pick up my Holiday Coalition "Bundle" at:

____School Nurse at _____ School
____Chamber Office _____Boys and Girls Club

All packages need to be picked up between the hours of 8 a.m. – 2 p.m.

All Information Provided Will Be Kept Confidential

CLOTHING REQUESTS: (Clearly list style & color preference. CLEARLY list appropriate sizes.)