

MY NEIGHBOR IN NEED - CHILDREN'S PROGRAM

CLOTHING APPLICATION

MNIN NUMBER # _____

Parent/Guardian Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Please be specific in size and color choices. We do not purchase shoes or boots due to variable sizes with each manufacturer.

Student Name: _____ Age _____

Male/Female _____ Weight _____ Height _____

School: _____ Grade: _____ Teacher: _____

Adult Size Junior Size Child Size Circle: (Regular, Husky, Slim)

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Student Name: _____ Age _____

Male/Female _____ Weight _____ Height _____

School: _____ Grade: _____ Teacher: _____

Adult Size Junior Size Child Size Circle: (Regular, Husky, Slim)

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Student Name: _____ Age _____

Male/Female _____ Weight _____ Height _____

School: _____ Grade: _____ Teacher: _____

Adult Size Junior Size Child Size Circle: (Regular, Husky, Slim)

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Student Name: _____ Age _____

Male/Female _____ Weight _____ Height _____

School: _____ Grade: _____ Teacher: _____

Adult Size Junior Size Child Size Circle: (Regular, Husky, Slim)

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____

Item: _____ Size _____

Color _____ Style/Brand _____