

Klothes 4 Kids APPLICATION

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Name: _____ Boy/Girl (circle)

Child's School & Grade _____

Sizes: _____

Name: _____ Boy/Girl (circle)

Child's School & Grade _____

Sizes: _____

Name: _____ Boy/Girl (circle)

Child's School & Grade _____

Sizes: _____

Name: _____ Boy/Girl (circle)

Child's School & Grade _____

Sizes: _____

Name: _____ Boy/Girl (circle)

Child's School & Grade _____

Sizes: _____

RETURN THIS APPLICATION TO:

**Pittsylvania Baptist Association
Attn: Klothes 4 Kids Coordinator
186 Deer Run Road,
Danville, VA 24540**

RECEIVED: _____