St. John the Evangelist CHRISTMAS WISH 2024 Application Form

Please fill out this application and provide specific information about sizes and preferences for each child. All children will receive clothing plus a special gift request. All information is confidential.

Please return this form to the Parish Office as soon as possible, but no later than November 11th.

Your Name:				
Address:				
Telephone:	Cell:	Home:		
Email Address:				
Gift Delivery or	Delivery Thursday, De	cember 12 Pickup Frid	day, December 13	
Pickup (check one):	2-5pm	5-7pm at S	t. John parking lot	
Gifts can be delivered or you may pick them up by selecting an option above. Or if you prefer to pickup at the parish office at a different time, please email christmaswishstjohn22@gmail.com				
Please provide specific sizes and gift requests.				
 A clothing gift card may only be requested for children 12 years or older. For specific gift requests, specify the name of toy, game, book etc. The more details the better! No electronic devices and/or game requests and no gift cards as substitutes for special gift request. 				
Name of Child:		Age:	Age: Circle: Boy / Girl	
Clothing Item:		Preferred Colors:		
Shirt Size: Pant Size: Circle one: Infant Toddler Kids Junior Adult				
Clothing gift card (for age 12 yrs+ only), circle one: Walmart Target Marshalls TJMaxx Other:				
Specific Gift Request:				
Name of Child:		Age:	Circle: Boy / Girl	
Clothing Item:		Preferred Colors:		
Shirt Size:	Pant Size:	Circle one: Infant Toddle	er Kids Junior Adult	
Clothing gift card (for age 12 yrs+ only), circle one: Walmart Target Marshalls TJMaxx Other:				
Specific Gift Request:				
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Clothing Item:	Preferred Colors:			
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Specific Gift Requ	est:			