

**REHOBOTH BLIZZARD OF GIVING**  
**HOLIDAY SUPPORT REQUEST FORM**

*We serve Rehoboth children who are minors/dependents in need. We try to offer a maximum of 5 gifts per child or a max value of \$250 (so we are able to serve all those in need).*

**PLEASE COMPLETE and return this form to:**

**Rehoboth Blizzard of Giving, Inc., Attn: Colleen McBride, 35 Pond St, Rehoboth, MA 02679.**

**\*\*\*REQUEST FORMS NEED TO BE RECEIVED BY NOV 9 in order to be fulfilled\*\*\***

Parent name: \_\_\_\_\_

Family Address (no PO Box): \_\_\_\_\_

Parent best email: \_\_\_\_\_

Parent best Phone contact: \_\_\_\_\_

1st Child's Name/gender:
Age at this holiday:
Request#1
Request#2
Request#3
Request#4
Request#5

2nd Child's Name/gender:
Age at this holiday:
Request#1
Request#2
Request#3
Request#4
Request#5

Parent name: \_\_\_\_\_

Family Address (no PO Box): \_\_\_\_\_

Parent best email: \_\_\_\_\_

Parent best Phone contact: \_\_\_\_\_

3rd Child's Name/gender:
Age at this holiday:
Request#1
Request#2
Request#3
Request#4
Request#5

4th Child's Name/gender:
Age at this holiday:
Request#1
Request#2
Request#3
Request#4
Request#5

5th Child's Name/gender:
Age at this holiday:
Request#1
Request#2
Request#3
Request#4
Request#5