

Rehoboth Blizzard of Giving
Birthday/ Special Occasion Request Form
(Must be completed & mailed)

Parent/Guardian Name: _____

Child's Name & Gender: _____

Child's birthdate (month/date/year): _____/_____/_____

Family Address: _____

Cell number: _____

Parent/Guardian Email: _____

Child's general interests: _____

Birthday or Special occasion (specify): _____



Please complete this form and return to Rehoboth Blizzard of Giving, Inc.

Attn: Colleen McBride @ 35 Pond Street, Rehoboth, MA 02769.

Be sure we have at least 3 weeks' notice for the celebration

