

Giving Tree Application Form

Contact person: _____ Phone: _____ Email: _____

Family Name : _____ Parishioners MPB RE

Father's Name: _____

Gift 1: _____

Gift 2: _____

Mother's Name: _____

Gift 1: _____

Gift 2: _____

Child 1:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 2:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 3:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 4:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 5:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 6:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Child 7:

First name _____ Age: _____ Boy or Girl: _____

Shirt Size: _____ Pants Size: _____

Gift 1: _____

Gift 2: _____

Please return to the Parish or RE Office (120 E Washington Street) or email to parish@mpbparishnl.org.

For Office Use Only

Family ornament color: _____

Date of Pickup: _____ Time of Pickup: _____