

Christmas Party Child Application Form

Deadline to submit: October 31, 2025

Parent/Guardian Info	ormation	
• Full Name:		
Phone Number	r:	_ Email Address:
Home Address	::	-
Event Details		
Date: December 6 th Fime: 11am- 1pm L ocation: 313 Frankli	n Restaurant Event Room– 313 Frankli	n Street, South Hill VA
Child(ren) Information	on each child attending, more space on b	eack) Ages from 3-12 years old ONLY
Child's Full Name		
Age		
Gender		
Clothing Size		
Shoe Size		
Гоу/Gift Wishlist	, ,	,
Allergies		
Will you be attendin □ Yes □ No	g the Christmas party with your child	l(ren)?
Total number of atte	ndees (including parent/guardian): _	
from assigned spons	ve permission for my child(ren) to at sors. I understand that all the inform	tend the Christmas party and receive gifts ation provided will be used solely for ected to receive sponsored gifts, I am time.
Signature:	Da	ate:

Child's Full Name	
Age	
Gender	
Clothing Size	
Shoe Size	
Toy/Gift Wishlist,	,
Allergies	
Child's Full Name	
Age	
Gender	
Clothing Size	
Shoe Size	
Toy/Gift Wishlist,	,
Allergies	
Child's Full Name	
Age	
Gender	
Clothing Size	
Shoe Size	
Toy/Gift Wishlist,	,
Allergies	
Other:	