

REGISTER YOUR YOUNG ADULT FOR A GIFT OF “HOLY COMFORT”



YOUNG ADULT INFORMATION:

NAME _____ D.O.B. _____

AWAY-FROM-HOME ADDRESS _____

CITY, STATE, ZIP _____

SCHOOL/UNIT _____ FOOD ALLERGIES (LIST) _____

PARENTS' INFORMATION:

NAME _____

PHONE _____ E-MAIL _____

GIFT BOXES TO BE MAILED OUT IN MID MARCH