



Dear Family,

The Angel Network is presently taking requests from families that are in need of assistance for their children during the 20__ holidays. If your family could benefit from some help this holiday providing something special for your school age children, please complete the attached form and return it to the:

- High School Front Desk (*Attn:* Angel Network)
- Elementary School Office (*Attn:* Angel Network)

Please return all forms by **October 25th**. No Forms will be accepted after October 30th.

Please be as specific as possible on the forms. Include size, likes, interests, hobbies, colors, etc.

If your family no longer is in need of assistance, please ignore this letter. If you have any questions or concerns please reach out to Stephanie Nelen at 547-8181 or angelnetwork@gmail.com.

Sincerely,

The Angel Network of Cooperstown, Inc.

Parent/Guardian _____

Contact info: Phone _____ **Email** _____

Address: _____

First and Last Name and Grade of Children:

1. _____
2. _____
3. _____
4. _____
5. _____

Please complete the wish list guideline below for EACH **school-aged child** in your family. Each child received two gifts, one item of clothing and one toy or other fun item. Gift cards are only allowed for children over 12 and are limited to ideas such as movie theater or iTunes gift cards.

Please consider the top necessities of each child, then consider their wants and wishes.

Child #1 First Name: _____ Last Name: _____ Age: _____

Please circle: **Gender:** Male Female Gender Neutral

Shirt: Favorite color/character	Child/Youth Size Clothing XS S M L XL Other: _____	Adult Size Clothing XS S M L XL Other: _____	Additional helpful info:
Pants: Athletic Pants Sweat Pants Jeans	Child/Youth Size Clothing XS S M L XL Other: _____ Number size: _____	Adult Size Clothing XS S M L XL Other: _____ ____ W x ____ L	Additional helpful info:
Shoes: Sneakers Boots Dress Shoes	Child Size _____ Additional helpful info?	Youth Size _____ Additional helpful info?	Adult Size _____ Additional helpful info?
Seasonal Needs:	Winter Boots: YES NO Winter Hat: YES NO Winter Gloves: YES NO	Winter Coat: YES NO Winter Snow Pants: YES NO	OTHER (please list):
Necessities:	Underwear Size: _____ Sock Size and Style: _____	Toiletries: Shampoo Brand: Body wash brand: Toothpaste Brand:	Other:
Toy Request: Please include favorite character and/or hobby	Choice #1	Choice #2	Choice #3
Grab Bag Items	School Supplies YES NO	Arts and Crafts YES NO	OTHER:
Additional Needs: Please list specific items.	Idea #1	Idea #2	Idea #3

Any other helpful information about your child. (Please do not use names or identifies in this section.)

Child #2 First Name: _____ Last Name: _____ Age: _____

Please circle: **Gender:** Male Female Gender Neutral

Shirt: Favorite color/character	Child/Youth Size Clothing XS S M L XL Other: _____	Adult Size Clothing XS S M L XL Other: _____	Additional helpful info:
Pants: Athletic Pants Sweat Pants Jeans	Child/Youth Size Clothing XS S M L XL Other: _____ Number size: _____	Adult Size Clothing XS S M L XL Other: _____ ____ W x ____ L	Additional helpful info:
Shoes: Sneakers Boots Dress Shoes	Child Size _____ Additional helpful info?	Youth Size _____ Additional helpful info?	Adult Size _____ Additional helpful info?
Seasonal Needs:	Winter Boots: YES NO Winter Hat: YES NO Winter Gloves: YES NO	Winter Coat: YES NO Winter Snow Pants: YES NO	OTHER (please list):
Necessities:	Underwear Size: _____ Sock Size and Style: _____	Toiletries: Shampoo Brand: Body wash brand: Toothpaste Brand:	Other:
Toy Request: Please include favorite character and/or hobby	Choice #1	Choice #2	Choice #3
Grab Bag Items	School Supplies YES NO	Arts and Crafts YES NO	OTHER:
Additional Needs: Please list specific items.	Idea #1	Idea #2	Idea #3

Any other helpful information about your child. (Please do not use names or identifies in this section.)

Child #3 First Name: _____ Last Name: _____ Age: _____

Please circle: **Gender:** Male Female Gender Neutral

Shirt: Favorite color/character	Child/Youth Size Clothing XS S M L XL Other: _____	Adult Size Clothing XS S M L XL Other: _____	Additional helpful info:
Pants: Athletic Pants Sweat Pants Jeans	Child/Youth Size Clothing XS S M L XL Other: _____ Number size: _____	Adult Size Clothing XS S M L XL Other: _____ ____ W x ____ L	Additional helpful info:
Shoes: Sneakers Boots Dress Shoes	Child Size _____ Additional helpful info?	Youth Size _____ Additional helpful info?	Adult Size _____ Additional helpful info?
Seasonal Needs:	Winter Boots: YES NO Winter Hat: YES NO Winter Gloves: YES NO	Winter Coat: YES NO Winter Snow Pants: YES NO	OTHER (please list):
Necessities:	Underwear Size: _____ Sock Size and Style: _____	Toiletries: Shampoo Brand: Body wash brand: Toothpaste Brand:	Other:
Toy Request: Please include favorite character and/or hobby	Choice #1	Choice #2	Choice #3
Grab Bag Items	School Supplies YES NO	Arts and Crafts YES NO	OTHER:
Additional Needs: Please list specific items.	Idea #1	Idea #2	Idea #3

Any other helpful information about your child. (Please do not use names or identifies in this section.)

Child #4 First Name: _____ Last Name: _____ Age: _____

Please circle: **Gender:** Male Female Gender Neutral

Shirt: Favorite color/character	Child/Youth Size Clothing XS S M L XL Other: _____	Adult Size Clothing XS S M L XL Other: _____	Additional helpful info:
Pants: Athletic Pants Sweat Pants Jeans	Child/Youth Size Clothing XS S M L XL Other: _____ Number size: _____	Adult Size Clothing XS S M L XL Other: _____ ____ W x ____ L	Additional helpful info:
Shoes: Sneakers Boots Dress Shoes	Child Size _____ Additional helpful info?	Youth Size _____ Additional helpful info?	Adult Size _____ Additional helpful info?
Seasonal Needs:	Winter Boots: YES NO Winter Hat: YES NO Winter Gloves: YES NO	Winter Coat: YES NO Winter Snow Pants: YES NO	OTHER (please list):
Necessities:	Underwear Size: _____ Sock Size and Style: _____	Toiletries: Shampoo Brand: Body wash brand: Toothpaste Brand:	Other:
Toy Request: Please include favorite character and/or hobby	Choice #1	Choice #2	Choice #3
Grab Bag Items	School Supplies YES NO	Arts and Crafts YES NO	OTHER:
Additional Needs: Please list specific items.	Idea #1	Idea #2	Idea #3

Any other helpful information about your child. (Please do not use names or identifies in this section.)

Child #5 First Name: _____ Last Name: _____ Age: _____

Please circle: **Gender:** Male Female Gender Neutral

Shirt: Favorite color/character	Child/Youth Size Clothing XS S M L XL Other: _____	Adult Size Clothing XS S M L XL Other: _____	Additional helpful info:
Pants: Athletic Pants Sweat Pants Jeans	Child/Youth Size Clothing XS S M L XL Other: _____ Number size: _____	Adult Size Clothing XS S M L XL Other: _____ ____ W x ____ L	Additional helpful info:
Shoes: Sneakers Boots Dress Shoes	Child Size _____ Additional helpful info?	Youth Size _____ Additional helpful info?	Adult Size _____ Additional helpful info?
Seasonal Needs:	Winter Boots: YES NO Winter Hat: YES NO Winter Gloves: YES NO	Winter Coat: YES NO Winter Snow Pants: YES NO	OTHER (please list):
Necessities:	Underwear Size: _____ Sock Size and Style: _____	Toiletries: Shampoo Brand: Body wash brand: Toothpaste Brand:	Other:
Toy Request: Please include favorite character and/or hobby	Choice #1	Choice #2	Choice #3
Grab Bag Items	School Supplies YES NO	Arts and Crafts YES NO	OTHER:
Additional Needs: Please list specific items.	Idea #1	Idea #2	Idea #3

Any other helpful information about your child. (Please do not use names or identifies in this section.)