

**Holiday
dreams**

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Holiday Request Form

to be emailed to:

info@holidaydreamsli.com

or faxed to (631) 527-0044

DEADLINE: NOV 30, 2019

CHILD NAME:

BOY / GIRL :

AGE:

LANGUAGE: ENGLISH / SPANISH / OTHER

SIZE: CLOTHING BOTTOM:

CLOTHING TOP:

CHILD/ADULT SIZE

STYLE: PLAIN / SPORTY / HIP HOP / FASHION

DOES CHILD NEED: HAT / GLOVES / JACKET

WILL YOU ACCEPT GENTLY USED? YES/NO

WANT LIST:

DOES YOUR CHILD (CIRCLE) NEED/WANT (CIRCLE) LAP TOP / TABLE / COMPUTER

DOES YOUR CHILD HAVE AN (CIRCLE) X-BOX _____ (TYPE) PLAYSTATION _____ (TYPE)

DOES YOUR CHILD PLAY A SPORT (YES / NO) INSTRUMENT (YES / NO)

LIST 5 ITEMS UNDER \$20

- 1.
- 2.
- 3.
- 4.
- 5.

FAVORITE SPORT :

YOUR CHILD WANTS



FAVORITE TEAM:

LIST 5 ITEMS UNDER \$50

- 1.
- 2.
- 3.
- 4.
- 5.

OTHER:

PARENT/GUARDIAN INFO:

PARENT NAME:

CELL:

EMAIL:

REFERRED TO THIS PROGRAM BY:

SHELTER NAME: ARE YOU ON DISABILITY / SOCIAL SERVICES / UNEMPLOYMENT

HAVE YOU APPLIED TO OTHER PROGRAMS FOR HOLIDAY ASSISTANCE ?

NOTES/SPECIAL REQUESTS TO HOLIDAY DREAM: _____

YOU WILL BE NOTIFIED IF SELECTED