27th Annual Sioux Falls Goodwill Shoe & Mitten Party Registration Form

		SEHOLD					
(Home where child lives) Last Name				First Name			MI
Address				City		Zip Code	
Phone N (Please tr	lumber (y to give	OR Message ?	Number hat you can be	e reached	other than by	y mail)	
List ONL	Y childı	<mark>en between t</mark>	he <mark>ages of 5</mark>	through	<mark>11 years (</mark>	<mark>old</mark> who L	<mark>IVE with you.</mark>
			Please Pr	rint Clo	early		
AGE	SEX		NAME OF C	HILD			Shoe Size
D = 1-4-1-1		-			N/		: -
Party \	viii be	neia at Go	ooawiii Sta	ore on	Norton A	ive, in S	ioux Falls.
interview	your ch		ng purposes a	nd media	publications	s. If you d	to photograph o not want you
SIGNATURE OF HEAD OF HOUSEHOLD DATE							
Tickets are	issued on	a first come first	serve basis. Yo	u will recei	ve them in the	first week of l	December.
	<u>Plea</u>	<mark>se return t</mark> l	nis form by	Friday	<mark>, Novem</mark>	ber 25, 2	<mark>016</mark>
To: Goodwill of the Great Plains 3401 S Duluth Ave Sioux Falls, SD 57105							Office Use Only
	-	eye@goodwillo	greatplains.or	·g			T 11
Fax: 605-731-1935						F	Family # Harrisburg Elementar

Call 605-357-6151 with any questions. .