

CHRISTMAS FAMILY BLESSING 2020

ACTS Women's Ministry

(Specify Church Location)

_____ NLR ACTS Church

_____ Conway ACTS Church



FAMILY NAME SUBMITTED: _____

INDIVIDUAL SUBMITTING FORM: _____ **CELL #** _____

(List Children up to age 18)

Child's Name	Clothes Sizes						Desired Toy(s)
	Age	Sex	Shirt	Pants	Dress	Shoes	
1.							
2.							
3.							
4.							
5.							
6.							

Parent(s)/Guardian: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email Address: _____



NOTE: Continue on Back of Form if More Space is needed.

(List Children up to age 18)

Clothes Sizes							
Child's Name	Age	Sex	Shirt	Pants	Dress	Shoes	Desired Toy(s)
7.							
8.							
9.							
10.							
11.							
12.							