Oldham County Angel Tree

Name of Child:		
Address:		Gender Male Female of shoe needed:
Adult Contact Person 8	& Phone #	
Age of Child	Gender Male	Female
Favorite Color:		
Shoe Size	Type of shoe needed:	(Dress or Running)
Pant Size	Type of pants needed:	(Jeans or Athletic)
	(s	lim, skinny, boot cut, relaxed, husky)
Shirt Size	Type of shirts need:	(Dress or Athletic)
Under Clothes Size:	Sock size:_	(No Show, Short, Tall)
Pajama's Size:	Coat Size:	Style of Coat: (Heavy or Ligh
Hat Style: Beanie Ball	Cap (If fitted what size:) Glove's Size:
		(Toddler, Youth, Adult)
Most needed clothing	item:	
Favorite Books:		
Area of Interest or Hol	oby:	
Most Desired Toy:		
		Family Group #