

Wallingford Wishing Well
382 North Cherry Street Ext.
Wallingford, CT 06492
Phone (203) 294-0060
Fax (203) 741-0499

Clothes Request Form

Requested By:
Name of School:
Phone, Email and/or Fax #:

Name of Child: _____ (Please circle one) **Gender: M / F**
Address: _____
Phone #: _____

Mother/Father's Name: _____
of children in household: _____

Please indicate if the child wears regular, tall or husky

Please check the appropriate item(s) listed below:

Clothing	√	Size
Jacket	<input type="checkbox"/>	
Hat	<input type="checkbox"/>	
Mittens	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	

Miscellaneous	√	Size
Diapers	<input type="checkbox"/>	
Wipes	<input type="checkbox"/>	
Pull Ups	<input type="checkbox"/>	

Boxers	<input type="checkbox"/>	
Briefs	<input type="checkbox"/>	
Undershirts	<input type="checkbox"/>	
Jeans	<input type="checkbox"/>	
Shirts	<input type="checkbox"/>	
Pants	<input type="checkbox"/>	
Sweatpants	<input type="checkbox"/>	
Sweatshirts	<input type="checkbox"/>	
Socks	<input type="checkbox"/>	
Pajamas	<input type="checkbox"/>	

Footwear	√	Size
Sneakers	<input type="checkbox"/>	
Boots	<input type="checkbox"/>	

Favorite Color:	
Favorite Toy:	
Favorite Sport:	

Other:

Please include contact name, name of child, address and phone number.
Requests will NOT be processed if contact information is not complete.