



Wish Child Form

Wish Child's Information

Full Legal Name: _____
First *Middle* *Last*

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child's Home Telephone: (____) _____ Child's Mobile Telephone: (____) _____

Child's Email: _____

Shirt Size:

- | | |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult XX-Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XXX-Large |
| <input type="checkbox"/> Adult Medium | |

My Favorites

Color	_____	Music/Singer	_____
Book/Story	_____	Hobby	_____
Game	_____	Movie	_____
Food	_____	Show	_____
Restaurant	_____	Actor/Actress	_____
Cake/Candy	_____	Sport/Athlete	_____
Snack Food	_____	Pet/Animal	_____
Class in School	_____	Other	_____

Hobbies & Interests:





When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...



Wish Idea Brainstorm

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured.

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

Tell me more - tell me everything you know about it.

Wish Idea: _____

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