

JUNIOR LEAGUE OF SAN ANGELO, INC.

Student Closet Request Form

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PHONE 325-655-9866

FAX 325-658-3315

Contact Person: _____

Phone #: _____

Agency/School: _____

Title: _____

Request:

Child #1

Age: _____ Boy/Girl

Pant Size: _____

Shirt size: _____

Shoe Size: _____

Specific requests or needs: _____

Child #2

Age: _____ Boy/Girl

Pant Size: _____

Shirt size: _____

Shoe Size: _____

Specific requests or needs: _____

Child #3

Age: _____ Boy/Girl

Pant Size: _____

Shirt size: _____

Shoe Size: _____

Specific requests or needs: _____
