

# RBoG: Birthday Support Request Form

Parent Name: \_\_\_\_\_

Child Name/Gender: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Family Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Best Phone Contact: \_\_\_\_\_

Child's General Interest: \_\_\_\_\_

Any food allergy's (for cake mix info): \_\_\_\_\_



**Please complete and return this form to:**

**Rehoboth Blizzard of Giving, Inc., Attn: Maureen Brawley, 35 Reynolds Ave.,  
Rehoboth, MA 02769.**

**Be sure that we have at least 2 weeks' notice for the birthday.**