

2019 BACK TO SCHOOL REFERRAL - Pickup By **Conference** **Family**

PARENT NAME(S) _____

STREET ADDRESS _____

CITY _____ PHONE _____

Child's 1st Name	Female	Male	Grade

Child's 1st Name	Female	Male	Grade

Total # of Backpacks _____

Member _____

Conference _____

PICKUP
 Thursday, 8/15
 2pm - 6pm
 or
 Friday, 8/16
 9am - 12pm
 St. William Church
 440 N Moreland Blvd
 Waukesha

For Council Use:
 Rec'd Referral _____

Picked Up _____

2019 BACK TO SCHOOL REFERRAL - Pickup By **Conference** **Family**

PARENT'S NAME(S) _____

STREET ADDRESS _____

CITY _____ PHONE _____

Child's 1st Name	Female	Male	Grade

Child's 1st Name	Female	Male	Grade

Total # of Backpacks _____

Member _____

Conference _____

PICKUP
 Thursday, 8/15
 2pm - 6pm
 or
 Friday, 8/16
 9am - 12pm
 St. William Church
 440 N Moreland Blvd
 Waukesha

For Council Use:
 Rec'd Referral _____

Picked Up _____

2019 BACK TO SCHOOL REFERRAL - Pickup By **Conference** **Family**

PARENT'S NAME(S) _____

STREET ADDRESS _____

CITY _____ PHONE _____

Child's 1st Name	Female	Male	Grade

Child's 1st Name	Female	Male	Grade

Total # of Backpacks _____

Member _____

Conference _____

PICKUP
 Thursday, 8/15
 2pm - 6pm
 or
 Friday, 8/16
 9am - 12pm
 St. William Church
 440 N Moreland Blvd
 Waukesha

For Council Use:
 Rec'd Referral _____

Picked Up _____