



Month of the Military Child Hero Packet Request Form

Military Child Name: _____

Age: _____ Male _____ Female

T-shirt size: __YS__YM__YL__YXL__AS__AM__AL__AXL

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Name of Service Member: _____

Branch of Service: _____ Unit of Affiliation: _____

Phone # _____ Relationship to military child: _____

These packets are intended to be used as a gift for military children from the service member. Please return the completed form to:

Tina Jeffords
WI NG Child and Youth Program
2400 Wright St.
Madison, WI 53704
(608) 242-3466
Fax: (608) 242-3482

*****Deadline for all request forms is March 31, 2010. Materials need to be ordered, requests will not be accepted after this date. *****