OPERATION WILDCAT

MEETING THE NEEDS OF ALL STUDENTS IN OUR DISTRICT

CLOTHING, TOILETRIES, SCHOOL SUPPLIES REQUEST

School:_____ Date:_____

Requested By:_____ Contact # and/or Email _____

Please use the list below as a guide when determining the needs of the student. Please check the item you need, include size, and any other preference (color, etc.). If there are additional needs please list them at the bottom of the form. Please forward completed form to appropriate Project Chair for particular school: Melissa Herbein melissaherbein@gmail.com – SH, EW, MMS, MASH or Elaine Peebles elainepeebles@yahoo.com – KA, BR, NS, UA. You will be notified once items are gathered as to when they will be delivered to your school building.

_____ BOY ____ GIRL _____ Youth size _____ Adult size Grade_____

CLOTHING

_____Shirt ____ Long Sleeve _____Short Sleeve Size _____

Type (Any specific things they do/do not wear?)_____

_____Pant _____ Short Size _____ Slim _____ Husky _____

Type (jeans, athletic pants, waistband/no waistband) _____

_____ Sweatshirt Size _____

_____ Sweatpants Size _____

_____ Pajamas Size _____

_____ Swim Suit Size _____

_____ Socks Size _____

_____ Underwear Size _____

_____ Bra Size _____

_____ Coat/Jacket Size _____ Type (winter, etc.) _____

_____Snow pants Size _____

_____ Hat ____Scarf _____ Gloves Size _____

_____ Shoes Size _____ Type (sneakers, boots) _____

_____ Snow boots Size _____

Additional clothing needs for student or family:

_____

_____

TOILETRIES (OW has limited supplies)

____ Brush

_____Combs

_____ Deodorant

_____ Conditioner

_____ Feminine Hygiene products: ___ pads ___ tampons

_____ Razor

_____ Shampoo

_____ Shaving cream

_____ Toothbrush

_____ Toothpaste

SCHOOL SUPPLIES

_____ Backpack (prefilled with school supplies for grade) Grade _____

OR

____ Backpack (empty)

_____ School Supplies: Please list needed items:

_____

_____

Additional needs for student or family:

_____

_____

For Operation Wildcat use:

Completed By: _____ Date Delivered to school: _____