



REACH Winter Gear Drive  
2025 Registration Form



**Return Form No Later Than October 2<sup>nd</sup>**

The 2024 Winter Gear Drive is here! REACH is striving to keep kids warm!

Please fill out the form below and hand it in or mail it to REACH 421 5<sup>th</sup> St Hawley PO Box 237, 56549  
or Hendrum Thrift Store 304 Main St Hendrum, MN 56550.

Hawley Thrift Store Pick Up Date is **October 14<sup>th</sup>-15<sup>th</sup>**

**You will be called to schedule a 20-minute appointment**

PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Text Reminders: **Yes / No**

**Child(ren) Information**

Please indicate size of items needed, we cannot guarantee every item will work for you.

**Example:** Child's Name Sue Johnson

Age M/F **Child or Adult Size**

8 F Child Coat Size S Boots Size 7 Snow Pants Size 6 Hat X Mittens X

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

Child's Name \_\_\_\_\_

Age M/F **Child or Adult Size**

\_\_\_\_ Coat Size \_\_\_\_ Boots Size \_\_\_\_ Snow Pants Size \_\_\_\_ Hat \_\_\_\_ Mittens \_\_\_\_

- I agree to pick up the items at the designated distribution site during the designated times.
- Please note that if you do not pick up your items, your name will be removed from future sign-up lists to ensure fairness to all participants.
- I agree to show a REACH staff or volunteer proof of residency to verify I reside within REACH's service Area.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State Issued ID Utility Bill Other: \_\_\_\_\_ Staff/Volunteer Initial: \_\_\_\_\_