



# Santa's Bag

Parents' Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Child's Name \_\_\_\_\_ Max budget \$ \_\_\_\_\_  
(Please print)

Yes, I would like to support Children's Theatre programs with a gift of \$ \_\_\_\_\_

Name for Gift Tag

Relation to Child

Age  
(optional)

Price  
(filled in by elf)

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