Thomaston Christmas Committee
2025
Teen Form

Grades 9 through 12

The form below **must be** completed and returned by **October 10, 2025 to:**
The Thomaston Christmas Committee, PO BOX 148, THOMASTON, CT 06787.

Parent/Guardian:_____ Address:_____

Phone #:_____ Teen's Name:_____

Gender:_____ Age:_____ Grade:_____

Dear Parent or Guardian,

Please tell us how we can help you provide gifts for your teen. If there is a special wish or need not included on the list, please give us the details and we will try to provide it.

Does your son or daughter need (please be specific):

- School supplies; ***Tell us what and how many***
- Shaving supplies and/or health and beauty items: ***List with brand names and specific color(s), if applicable***
- Socks, gloves, hats; ***Favorite/Preferred Color***
- Sweatshirt/Pullover/Fleece; ***Favorite Brand and/or color***

If your teen has a special need or if there is one special thing that your teen wants, please use the lines below to tell us. We will try to provide it **instead of** the gift certificates:

_____

GIFT CERTIFICATES:

Please select ***ONE*** from the clothing category and ***ONE*** from the entertainment category:

Clothing

- Kohl's
- TJ Maxx
- Marshalls
- Target
- Walmart
- Other_____

Entertainment

- Amazon
- iTunes
- Google Play
- Michael's
- Movie Gift Card
- Other_____