

BEDS FOR KIDS

Parent Name: _____

Home # _____

Address: _____

Work# _____

Cell # _____

E-mail: _____

Parents Birthdate: _____

Is the parent attending school? _____

If yes, where? _____

Children Information

Name

Age

Name of Church/School

Name	Age	Name of Church/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions:

1. How many bedrooms are in the home? _____
2. How many people are living in the home? _____
3. How many beds (mattresses/box springs) are in the home? _____
4. What is the condition of each of these beds? _____

5. Describe the sleeping arrangements for each child.

6. Describe why you or the parent you have nominated is in need of new bedding in the home.

I acknowledge that all the information provided on this entry is true and accurate, and any false or misleading information submitted herein is grounds for immediate elimination from consideration.

Print Name

Signature

Date

Please return this completed form into the following location:

Bed's For Kids/Ashley Furniture HomeStore

155 Marketplace Drive

Johnson City, TN 37604

Phone: 423-283-0102