

Child's Name: _____

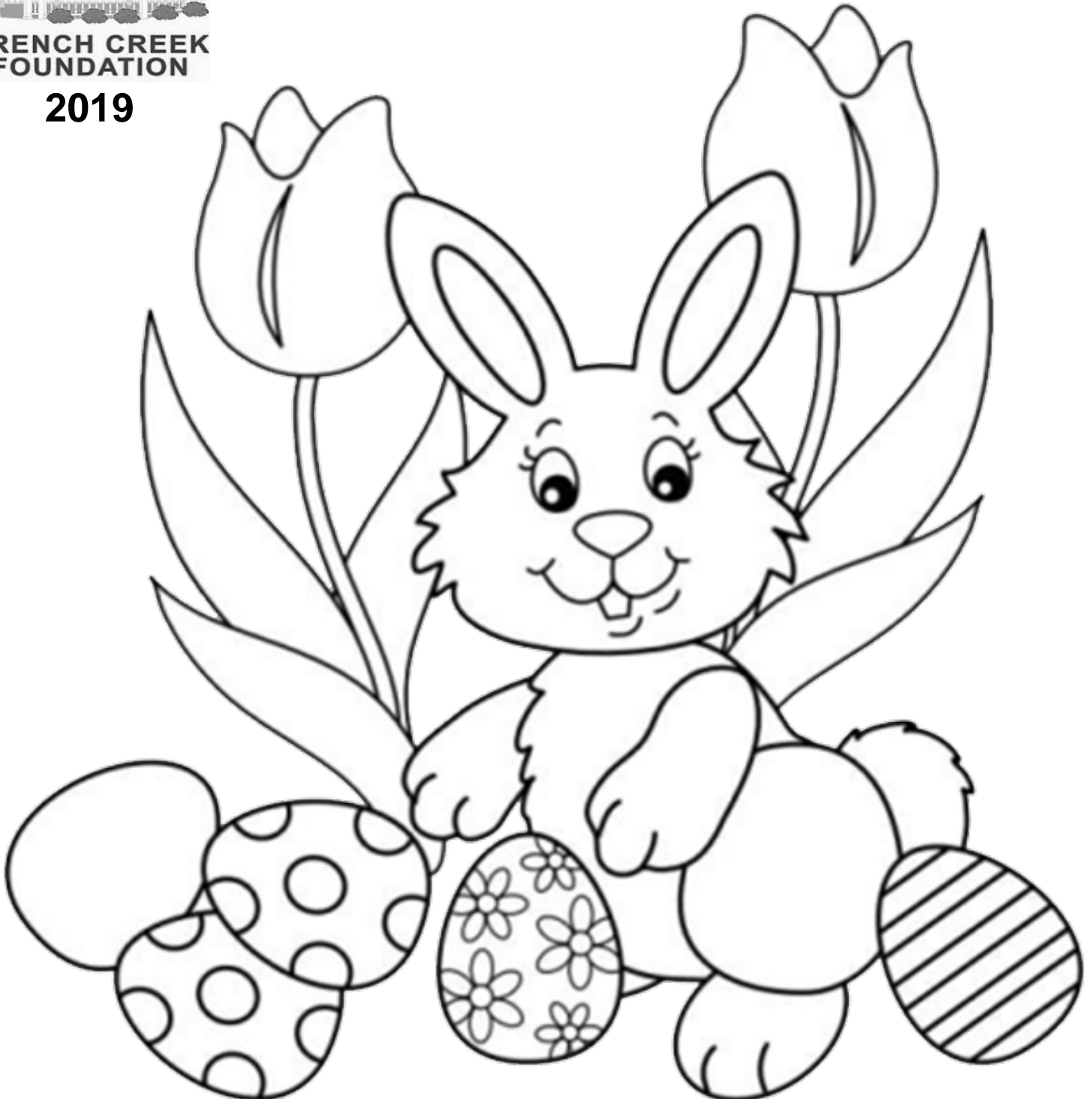
Age: _____

Parent's Name: _____

Phone #: _____



2019



**Drop-off the child's coloring contest sheet by Wednesday, April 3rd,
at SNIP-ITS, 35514 Detroit Rd #105, Avon.**