COLOURING CONTEST

Tele 45
Miracle
KINSMEN KINETTES

KIN
CANADA

Tele Miracle

Helping people every day!

Name of child: _____

Age of child: _____   Grade: _____

Name of parent/guardian/teacher: _____

School name (if applicable): _____

Mailing address of parent/guardian/teacher (where to mail prize, if selected): _____

_____

Phone number of parent/guardian/teacher: _____