WOMEN'S LEAGUE
OF SUTTON PLACE SYNAGOGUE

Please complete the information below and return this form to **Natalie Kent at 535 East 86th Street, Apt. 4E, NY, NY 10028 OR email her the completed form at** natal@rcn.com**. If you are a member sending a package(s) to a student who is not your child, please include a $54 check per student, payable to WL of SPS. For any questions, please call Natalie at 212-600-4437. *Forms must be received by Friday, September 8th*.**

****Student Name**: _____

Student Mailing Address: _____

_____

___Freshman ___Sophomore ___Junior ___Senior ___Graduate Student

Food Allergies: _____

Home Address: _____Phone: _____

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****Your Name**: _____

Phone: _____ Email: _____