



The Board of Directors of the  
 Oklahoma Children's Cancer Association  
 Cordially Invite ALL cancer patients (on or off treatment),  
 their parents, brothers and sisters to the:



# OCCA 2011 CHRISTMAS PARTY

Sunday, December 11<sup>th</sup>, 2011

2-4PM

Leadership Square - Robinson between Kerr and Park Avenue in Downtown Oklahoma City

Free parking underground off Kerr between Robinson and Harvey



**Complete this form by DECEMBER 1st and leave it at the clinic or mail it to:**

Christmas party, PO Box 76491, Oklahoma City, Ok 73147

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Girl/Boy  
 Gift Request \_\_\_\_\_

Please list at least two gift choices (under \$20.00) for each patient, brother or sister only. Please do not list cousins, nieces, nephews, or other family members. Unfortunately, extended family cannot be included.  
 (TEENS MAY REQUEST GIFT CARDS TO BEST-BUY, TARGET, WAL-MART OR KOHLS)

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Gift Request \_\_\_\_\_ Brother/Sister

PARENT'S NAME \_\_\_\_\_ Phone Number \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Santa might have a question about a toy selection and would like to send you an invitation with directions)

Would you like to receive the O.C.C.A Newsletter? :  YES  NO