

Project Santa

APPLICATION TO RECEIVE GIFTS

FIRST & LAST NAME OF THE PARENTS OR GUARDIAN LIVING WITH THE CHILDREN REQUESTING PARTICIPATION:

NOTE: GIFTS THIS YEAR WILL NOT BE WRAPPED, THEY WILL BE IN ONE LARGE GIFT BAG FOR EACH CHILD.

Home Phone# _____ Alternate Phone# _____



Please list the name and information of each person to receive a gift:

Name _____ Age _____ Male or Female (Please circle one)
Something they want: _____
Something they need: _____
Something to wear: _____
Clothing sizes: _____

Name _____ Age _____ Male or Female (Please circle one)
Something they want: _____
Something they need: _____
Something to wear: _____
Clothing sizes: _____

Name _____ Age _____ Male or Female
(Please circle one)

Something they want: _____

Something they need: _____

Something to wear: _____

Clothing sizes: _____



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