



Parent/Guardian Information:

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: _____

Email Address: _____

Have you or anyone in your household applied for or requested Christmas assistance from any other organization this year? Yes No

Please list every child in your household:

NAME	AGE	D.O.B	SEX

PLEASE READ:

- 1. TOYS FOR TOTS IS DESIGNED TO SUPPLEMENT YOUR CHRISTMAS NEEDS, NOT INTENDED TO BE A COMPLETE SUBSTITUTION.**
2. Completion of this application does not guarantee that your family will be approved. We Work with other organizations in this county to cross-check family's names to ensure that there are no duplication of services.

Application Date: _____ Signature: _____

Picked Up Date: _____ Signature: _____

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