



MUSIC AMPLIFIES

Christmas Request Assistance Form

Deadline: December 10th

Full Name of Guardian/Parent: _____

Number in Household: _____ How many are 17 or under? _____

Address: _____

Valid Phone #: _____ Valid Email: _____

Children Requesting Assistance For

Full Name	Boy	Girl	Age	Shoe Size	Clothing Size	Hobbies/Interests/Likes
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____
_____	♡	♡	_____	_____	_____	_____

How did you hear about us? _____

Are you receiving assistance with any other organizations? If so, list here. _____

I understand that if I have not been truthful, it may jeopardize my participation in the program.

Your Signature: _____ Type Signature: _____

****Please note that this is a public charity with limited resources that serve Sumner, Robertson and N. Davidson. We cannot guarantee gifts asked for, but we will do our best. Also, please let us know if your child's sizes are adult or kids. We will reach out to you via email with approval/denial by December 15th. You will be required to show proper ID at the time of pick up. The person picking up MUST match the name on this application. No exceptions.*

HOW YOU CAN HELP US

Please follow and like on social media: FaceBook as @MusicAmplifiesNashville / Instagram as @MusicAmplifiesOfficial
 Go to our website at www.musicamplifies.com to support our local projects throughout the year to learn more or volunteer.

** _____ Office use only: **APPLICANTS MUST SIGN ON RECEIPT OF DELIVERY**