

Family Application for Blue Angel Connect Holiday Hope

Instructions for application: This application will need to be printed and filled in appropriately. Any questions may be directed to blueangelconnect@gmail.com. The information on this application will help the organization to meet the expected needs of the families and all members in that immediate household. Once the information has been filled in, please email the form back to blueangelconnect@gmail.com.

Qualifications: Please note that qualifying families must not have received assistance from Blue Angel Connect in the last 2 years. Only immediate family members in a single household will be sponsored under the Holiday Hope program.

Sponsor Information

Name: _____
Email: _____
Phone: _____

As the family sponsor, will you be able to assist Blue Angel Connect to coordinate the family activities on delivery day? YES: _____ NO: _____

Family Information

Family Name:	_____
Family Address:	_____

Name	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *T Y A	Pant Size: *T Y A

Wish Items: _____

Name	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *T Y A	Pant Size: *T Y A

Wish Items: _____

*T Y A – These are defined as Toddler, Youth or Adult

**Please use additional sheets for additional family members

Name	Age	Gender *M F	Shoe Size: *T Y A	Shirt Size: *T Y A	Pant Size: *T Y A
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Wish Items:

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