



Date adopted _____

_____ Adults

Adopter _____

_____ Children

Adopter's Contact # _____

PLEASE PRINT CLEARLY

<i>Last name</i>	<i>First name</i>	<i>Phone number</i>	<i>Message phone</i>	
<i>Address (apt or lot number)</i>		<i>City</i>	<i>Zip code</i>	<i>School Dist.</i>

HOUSEHOLD MEMBER INFORMATION

LIST EVERYONE WHO LIVES IN THE HOME (use two pages if more lines are needed)

PLEASE PRINT

	<i>Last name</i>	<i>First name</i>	<i>age</i>	<i>m/f</i>	<i>Special dietetic/allergic needs</i>
1					
2					
3					
4					
5					
6					
7					
8					

We will not discriminate against any individual or group because of disability.

Local organizations churches and clubs ask for the names of people to whom they may give a gift. Completion of his form allows the release of your name, the names of your family and/or the information provided to these organizations.

**COMPLETION OF THIS FORM DOES NOT GUARANTEE GIFTS
FALSIFICATION OF INFORMATION WILL RESULT IN REMOVAL FROM THE HOLIDAY PROGRAM**

<i>Signature of Applicant</i>	<i>Date</i>
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