Application Number:

**Applications need to be filled out and bought to Town Hall or Recreation Department by November 2th. You may use the drop box.**

# Town Of Round Mountain

# COMMUNITY CHRISTMAS TREE

# APPLICATION FORM

## Family Information

Parent/Guardian Name(s):

_____

Address:

_____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email (if available): _____

Number of Adults in Household: _____

Number of Children in Household: _____

Application Number:

# Children Information

Please complete one section per child. Add more pages if needed.

1. **Child #1**

- Name: _____
- Age: _____ Gender: _____
- Clothing Size
- Shirt _____
- Shoes _____
- Pants _____
- Favorite Color: _____
- Toy / Gift Wish #1: _____
- Toy / Gift Wish #2: _____
- Additional Notes (Interests, Needs, etc.): _____

2. **Child #2**

- Name: _____
- Age: _____ Gender: _____
- Clothing Size
- Shirt_____
- Pants _____
- Shoes_____
- Favorite Color: _____
- Toy / Gift Wish #1: _____
- Toy / Gift Wish #2: _____
- Additional Notes (Interests, Needs, etc.): _____

3. **Child #3**

- Name: _____
- Age: _____ Gender: _____
- Clothing Size
- Shirt_____
- Pants _____
- Shoes_____
- Favorite Color: _____
- Toy / Gift Wish #1: _____
- Toy / Gift Wish #2: _____
- Additional Notes (Interests, Needs, etc.): _____

Application Number:

4. **Child #4**

- Name: _____
- Age: _____ Gender: _____
- Clothing Size
- Shirt_____
- Pants _____
- Shoes_____
- Favorite Color: _____
- Toy / Gift Wish #1: _____
- Toy / Gift Wish #2: _____
- Additional Notes (Interests, Needs, etc.): _____

5. **Child #5**

- Name: _____
- Age: _____ Gender: _____
- Clothing Size
- Shirt_____
- Pants _____
- Shoes_____
- Favorite Color: _____
- Toy / Gift Wish #1: _____
- Toy / Gift Wish #2: _____

Additional Notes (Interests, Needs, etc.): _____

# Household Needs

Please list any additional household needs your family may have (examples: blankets, kitchen items, toiletries, cleaning supplies, winter clothing, etc.):

_____

_____

_____

_____

Application Number:

## Consent & Signature

I verify that the above information is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee assistance. By signing, I give permission for my family's information to be shared with individuals or organizations providing gifts.

Signature: _____ Date: _____

Please remember all information is completely confidential at all times, Not even donors/gift givers know who or where their gifts are going.

**Would you like your gifts wrapped: _____ Yes _____ No**

**Would you like us to contact you when your gifts are ready or deliver them to your address you have given: _____ Delivery _____ Pick up _____**