Applications will be available at Town Hall or Recreation Department and need to be filled out and returned by November 28th

Town Of Round Mountain

COMMUNITY CHRISTMAS TREE GIFT 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: _____

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.): _____

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.):

_____

_____

_____

_____

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: _____

OFFICE USE ONLY

Application Number:_____

Date Received:_____