

2020 Christmas Hamper Request

Please Print Clearly

| | | | | |
|---|------------------|-------------------|---------------|---------------------|
| | <u>Last Name</u> | <u>First Name</u> | <u>Gender</u> | <u>Household</u> |
| Adults: | _____ | _____ | M or F | # of Adults _____ |
| (for more adults please add on reverse side) | _____ | _____ | M or F | # of Children _____ |

Please indicate the applicants physical address then: **SELECT A, B or C** - **A) I will pickup my hamper at the Town Office, B) I will send someone to pickup the hamper on my behalf (Name of individual _____), C) I am unable to pickup the hamper and will require delivery**

| | | | | | |
|------------------|-------------------------|----------------------------------|----------------------------|-------------------|--------------|
| Address: | <u>Physical Address</u> | A) Available for Delivery | B) Delivery Address | C) PICK UP | <u>Notes</u> |
| House # | _____ | <u>Delivery</u> | _____ | Circle One | _____ |
| Street Name | _____ | YES | _____ | YES | _____ |
| Town | _____ | NO (Fill in column B) | _____ | NO | _____ |
| Telephone #: | _____ | | _____ | | _____ |
| Alternate phone# | _____ | | _____ | | _____ |

| | | |
|---|------------|---------------|
| HAMPER PREFERENCES - (please circle Ham or Turkey) | <u>Ham</u> | <u>Turkey</u> |
|---|------------|---------------|

Complete below for Children - Under 16: (for more children please add on reverse side)

| <u>Last Name</u> | <u>First Name</u> | <u>Relationship</u> | <u>Birth Date</u> | <u>Gender</u> | <u>Age</u> |
|------------------|-------------------|---------------------|-------------------|---------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

ALL APPLICATIONS ARE SUBJECT TO REVIEW. I hereby give permission to the Christmas Hamper Board to contact me, or other organizations such as schools, churches et obtain such information which would be helpful in understanding my situation and I give consent to such organization to release such information. To the best of my knowledge the above information is correct.

| | |
|--------------------------------------|--------------------|
| SIGNATURE OF APPLICANT: _____ | DATE: _____ |
|--------------------------------------|--------------------|

| | |
|--|------------------------|
| If requesting a hamper on behalf of someone else, | Contact phone # |
| Submitted by: (print & sign your name) | _____ |

IMPORTANT: One Hamper request form is to be filled out per family / household / street address. If any of your information changes between the time you fill out the form and pick up day, you are responsible to let Town Office know at 306-896-2240.
Hampers will be available for pickup at the Town Office on December 21, 2020 between 9 a.m. and 5 p.m.

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| This application must be approved prior to being submitted by a member of the Clergy Council, School Principal or Christmas Hamper committee member. Without approval your application may not be considered. |
| APPROVED BY: (print and sign) |

Completed and approved forms must be placed in an envelope and handed in to Churchbridge Public School, the Churchbridge Town Office.

NO LATER THAN MONDAY NOVEMBER 30, 2020 – Every item on this form must be completed.

Please Keep for Personal Reference

Important Dates and Times to Remember:

Forms returned by November 30, 2020

Christmas Hamper Pickup date:

December 21, 2020 between 9 a.m. and 5 p.m. at the Town Office

If you have stated that you are unable to pick up, deliveries will be:

December 21, 2020, between 9 a.m. and 5 p.m.

One Hamper request form is to be filled out per family / household / street address.