

## 2019 COMMUNITY SANTA PROJECT CHRISTMAS APPLICATION



Date of Application: \_\_\_\_\_ (Please PRINT Clearly)

Parent Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: ☐ Yes ☐ No Number: \_\_\_\_\_

Cell Phone: ☐ Yes ☐ No Number: \_\_\_\_\_

Work Phone: ☐ Yes ☐ No Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single Parent ☐ Divorced ☐ Separated ☐ Living Together

Language: ☐ English ☐ Spanish How many children are in your Legal Custody (18 & UNDER ONLY)? \_\_\_\_\_

**Please list all children in your legal custody under the age of 18:**

Childs Name: \_\_\_\_\_ ☐ Boy ☐ Girl Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Childs Name: \_\_\_\_\_ ☐ Boy ☐ Girl Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Childs Name: \_\_\_\_\_ ☐ Boy ☐ Girl Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Childs Name: \_\_\_\_\_ ☐ Boy ☐ Girl Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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Childs Name: \_\_\_\_\_ ☐ Boy ☐ Girl Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE SUBMIT THIS TWO PAGE APPLICATION TO [COMMUNITYSANTAPROJECT@YAHOO.COM](mailto:COMMUNITYSANTAPROJECT@YAHOO.COM) DO NOT CALL THE REFERRING AGENCY. IF YOU HAVE A QUESTION ABOUT YOUR APPLICATION PLEASE SUBMIT YOUR QUESTION DIRECTLY TO OUR EMAIL. SANTA AND HIS HELPERS GET VERY BUSY THIS TIME OF YEAR BUT REST ASSURED THAT ONE OF US HELPERS WILL GET BACK TO YOU.

**IMPORTANT! PLEASE READ: PARTICIPATION IN THIS PROGRAM IS LIMITED AND IS NOT ON A FIRST COME FIRST SERVE BASIS. WE PRIORITIZE OUR REFERRING AGENCIES AND COMMUNITY PARTNERS. WE WORK CLOSELY WITH OTHER ORGANIZATIONS AND DO CROSS-CHECK FAMILIYS TO ENSURE THERE ARE NO DUPLICATION OF SERVICES. PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION. BY FILLING OUT THIS APPLICATION YOU ACCEPT THAT THE QUALITY AND QUANITY OF GIFTS IS COMPLETELY AT THE INDIVIDUAL DONORS DISCRETION. PLEASE FEEL FREE TO ATACH INDIVIDUAL SANTA LISTS AND ADDITIONAL INFORMATION ON YOUR FAMILY.**

**COMMUNITY SANTA PROJECT 5N431 RAILROAD STREET #165 WAYNE, IL 60184**

**[COMMUNITYSANTAPROJECT@YAHOO.COM](mailto:COMMUNITYSANTAPROJECT@YAHOO.COM)**

**[WWW.COMMUNITYSANTAPROJECT.COM](http://WWW.COMMUNITYSANTAPROJECT.COM) FAX 630-206-8048**

Please list yourself, your spouse and only immediate family members 18 and under that are living in your household, as applicable. If you have more than 5 members in your family, please copy this sheet and attach it to your application.

Please print clearly!

Last Name			First Name		Age	Gender	Relationship to Applicant
						M or F	
Shoe Size *	Clothing Size*	Underwear Size*	Please list a couple gift suggestions. If listing books, music, movies, games etc., include <b>specific names or titles</b> , however this does not guarantee these items will be provided – they will be offered as suggestions only.				

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