



FOR OFFICE USE ONLY	# _____
#Fam _____	#Children _____
ADOPTED: Y / N By _____	

Name: _____ Age: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Weekly Income: _____ Place of Employment: _____
 Reason if not employed: _____
 Veteran Y / N _____

Spouse's Name: _____ Age: _____ Phone: _____
 Weekly Income: _____ Place of Employment: _____
 Reason if not employed: _____
 Veteran Y / N _____

Names of other adults (18 and over) in household;
 Name: _____ Age: _____ Phone: _____
 Name: _____ Age: _____ Phone: _____

Children (18 & under) LIVING IN HOUSEHOLD. (Must have custody of the child AND must reside there full time, except for court ordered visitation.)

Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					
Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					
Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					
Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					
Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					
Name	Sex	Age	Pant Size	Shirt Size	Shoe Size
Gift Suggestions / Interests _____					

This application must be completed and dropped off at the Town Hall or mailed to the Avilla Chamber of Commerce by Friday, November 17, 2017 to be considered. The application must be completed by an adult and **must have a current telephone number (or message number) and address. Anyone providing false information will be denied. By signing this you understand this is an application only, and in no way guarantees acceptance.**

Signed: _____ Date: _____