



Christmas Hamper Application for Two Hills and County

Family Name: _____ Phone # _____

Father's Name: _____ Mother's Name: _____

Street Address: _____ Town: _____

Referral From: _____

Employed? _____ Where? _____

			<i>Gift Idea/Clothing Size/Type</i>
Child's Name: _____	M F	Age: _____	_____
Child's Name: _____	M F	Age: _____	_____
Child's Name: _____	M F	Age: _____	_____
Child's Name: _____	M F	Age: _____	_____
Child's Name: _____	M F	Age: _____	_____
Child's Name: _____	M F	Age: _____	_____

School: _____

Allergies/Diet Concerns: _____

One Family Household? _____

Additional Names: _____

Additional Comments or Needs: _____

Hamper to be picked up by: _____

PHONE NUMBER: _____

Revised Oct 2015

Flour YES NO Sugar YES NO GIFTS YES NO