Pineland VFD Angel Tree Application

(ALL SPACES MUST BE COMPLETED FOR YOUR APPLICATION TO BE CONSIDERED)

Parent or Guardian's Name: _____

911 Address: _____

MAILING ADDRESS: _____

Phone:_____Alt Phone_____

WE MUST HAVE A WORKING PHONE NUMBER TO REACH YOU

Relationship to the children: _____

CHILD or CHILDREN

Lives in Sabine County: Yes ___No___ Lives in the home of the Applicant: Yes____ No____

Attends School: Yes___ No____ Attends School at: _____

PLEASE list several INEXPENSIVE GIFTS your child would like. If Clothes/Shoes, please list sizes.

Child's First Name	**Age**	**Sex**	**Gift Requests & Sizes**
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

Would you like your gifts delivered with Santa on the fire truck, Thurs Dec 24th? Yes___ No___

If not, gifts may be picked up at the Pineland Fire Station, Wed DECEMBER 23rd from 4pm-6pm

Signature_____

*****We work closely with Empty Stocking and the VFW . IF YOU FILLIED OUT AN APPLICATION with them, you will ONLY get gifts from ONE organization not both!**