

GALLIA COUNTY COMMUNITY CHRISTMAS PROJECT - CHRISTMAS IN A BAG!

******* APPLICATIONS WILL NOT BE ACCEPTED AFTER OCTOBER 21st*******

Parent/Guardian Name _____, _____
(Last) (First)

Address _____, _____, Ohio _____
(Street Address) (City) (Zip Code)

Home Phone # _____ Cell Phone # _____ Alt. Phone # _____

Please list each child in your household on this form. Please complete the form in its entirety. **Also, please note "child" or "adult" sizes where applicable.

Family # (Office Use Only)	CHILD'S NAME (one per box)	AGE	GRADE	SCHOOL	MALE	FEMALE	Coat Size	Shirt Size	Pant Size	Shoe Size	List one small item of Interest (1 item per child)

I understand that participation in this project is voluntary. I further acknowledge that I understand that this project is operated by volunteers. I am aware that all information will be kept as confidential as possible, but that many community members are working with this project and may have access to the information that I have listed on this form. I understand that I am not guaranteed to receive any gifts through this project.

 Parent/Guardian Signature (Custodial Parent only)

 Date

Note: Picture identification required to pick up items.

CHRISTMAS IN A BAG! IF YOUR CHILD IS SELECTED TO RECEIVE GIFTS THROUGH THIS PROJECT, THEY WILL RECEIVE A SMALL BAG OF BASIC ITEMS. THIS PROJECT IS NOT INTENDED TO PROVIDE FOR YOUR CHILDREN'S ENTIRE CHRISTMAS. IT WAS CREATED TO HELP PROVIDE A FEW ITEMS FOR FAMILIES IN NEED AT CHRISTMAS. A BAG MAY INCLUDE ITEMS SUCH AS AN OUTFIT, SOCKS, UNDERWEAR, SHOES, AND/OR TOY. Applications Accepted through **October 21, 2024.**