CALHOUN COUNTY CHRISTMAS GIVING TREE / TOYS FOR TOTS

By completing this application, I give my permission for this information to be released to the Marines for Toys for Tots, and New Opportunities for the purpose of obtaining items for Christmas. To be eligible, you must have primary custody of the children you are signing up, be a resident of Calhoun County, have children age 12 and under and be on New Opportunities' programs. If your request has been approved, you will receive a letter in the mail specifying when to pick up the <u>unwrapped</u> gifts in December. **This completed form must be returned to the Family Development Center on or before November 18th, to be included in the Giving Tree.**

Mark programs used: LIHEAP_____ HeadStart_

PARENT/GU	ARDIAN		Child's Na	me	
Address			Age	Birth date	Sex
City, State, Zip		Shirt size: Pant size:			
Phone		Shoe Size:			
Email		Suggestions for toys:			
Child's N	ame		_		
Age Birth date Sex			Child's Name		
Shirt size:	Pant size:		Age	Birth date	Sex
Shoe Size:			Shirt size:	Pant siz	e:
Suggestions f	for toys:		Shoe Size:		
			Suggestions fo	r toys:	
Child's N	ame				
Age	Birth date	Sex	Child's Na —	me	
Shirt size:	Pant size:		Age	Birth date	Sex
Shoe Size:			Shirt size:	Pant siz	e:
	for toys:		Shoe Size:		
			Suggestions fo	r toys:	



Calhoun County Family Development Center
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