GALLIA COUNTY COMMUNITY CHRISTMAS PROJECT - CHRISTMAS IN A BAG!
THIS APPLICATIONS IS CONSIDERED LATE & WILL ONLY BE ACCEPTED UPON REFERRAL

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.

_____ _____ Note: Picture identification required to pick up items.

Parent/Guardian **Signature** (Custodial Parent only) Date

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.

LATE APPLICATON - LATE APPLICATON - LATE APPLICATON - LATE APPLICATON

Referral Agency: Agency representative who is submitting this application must sign application indicating that they believe that a financial need exists and the original application deadline was missed due to unavoidable reasons. In addition, the referring Agency hereby agrees to assist GCCCP in seeking a Sponsor for the Child(ren) on this application. GCCCP will notify referring agency if this is a duplicate application. **Referral Agency must submit completed application to:** GallliaCountyCCP@yahoo.com

_____ _____ _____

Referral Agency Name Authorized Agency Representative **Signature** Date

*if you do not have an agency referral, you must include a signed letter explaining why you missed the deadline and why you are requesting assistance or else late application will not be accepted.