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Description automatically generated

**CHRISTMAS HAMPER APPLICATION 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | **Phone Number:** |
| **Address:** | | | |
| **Please circle which applies to this application: Single Person Couple Family of 3-4 Family of 5+** | | | |
| **Are there any allergy or diet restrictions? If yes please explain:** | | **Would you like a Turkey? Yes No** | |

**CHILDREN INFORMATION FOR GIFTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Age:** | **Gender:** Circle One  **F M No Gender** | **Clothing Size:** |
| **Interests:** | | | |
| **Needs:** | | | |
| **Wants:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Age:** | **Gender:** Circle One  **F M No Gender** | **Clothing Size:** |
| **Interests:** | | | |
| **Needs:** | | | |
| **Wants:** | | | |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Age:** | **Gender:** Circle One  **F M No Gender** | **Clothing Size:** |
| **Interests:** | | | |
| **Needs:** | | | |
| **Wants:** | | | |

**……………………………….….…………..Tear here ………………… …………………………………….**

**INSTRUCTIONS FOR DAY OF HAMPER PICK UP**

* Christmas Hampers are to be picked up on **Sunday, December 21st** at your designated time at the Cherryville Community Hall.
* **Please stay in your car.** Follow the signage that will be set up in the parking lot. **Your hamper will be brought out to your vehicle.**
* You will be given a time for pick-up. Please ensure you are on time. If you are unable to make your scheduled pick-up time, please call 250-550-6646.
* Please call the Cherryville Resource Centre 250-547-0089, Cherryville Food Bank 778-212-8900 or Sharon Harvey 250-550-6646 for more details and to sign up.
* Please drop off your completed form to the Cherryville Food Bank or Resource Centre or drop into the black lock box on the front door of the food bank **BEFORE Thursday, December 12 2024.**

**Your scheduled pick-up time is:\_\_\_\_\_\_\_\_\_\_\_\_ On Saturday December 16th**