

FAMILY APPLICATIONS

Operation Santa Claus 2024



Must be post marked
by 11/22/2024

Mail completed form to:
Farmington Elks Lodge#2430
120 School Street
Farmington, ME 04938 Phone
#: (207) 491-7975
IN PERSON-DROP OFF AT
OP SANTA BUILDING

NO EMAILS ACCEPTED

TOWN: _____



Date application
received _____

Parent/Guardian: _____

Physical Address: _____

City: _____

PH# (MUST BE 2 WORKING NUMBERS)

Ph# 1 _____ OFFICE

Ph# 2 _____ CELL

Are we able to text these numbers:

Circle One: YES NO

CHILD ONE: _____ NEEDS: _____

AGE: _____ WOULD LIKE: _____

GENDER: (Circle One)

MALE FEMALE

SHOE SIZE: _____ CLOTHING SIZE: _____

FAVORITE COLOR: _____

CHILD TWO: _____ NEEDS: _____

AGE: _____ WOULD LIKE: _____

GENDER: (Circle One)

MALE FEMALE

SHOE SIZE: _____ CLOTHING SIZE: _____

FAVORITE COLOR: _____

CHILD THREE: _____ NEEDS: _____

AGE: _____ WOULD LIKE: _____

GENDER: (Circle One)

MALE FEMALE

SHOE SIZE: _____ CLOTHING SIZE: _____

FAVORITE COLOR: _____

CHILD FOUR: _____ NEEDS: _____

AGE: _____ WOULD LIKE: _____

GENDER: (Circle One)

MALE FEMALE

SHOE SIZE: _____ CLOTHING SIZE: _____

FAVORITE COLOR: _____

CHILD FIVE: _____ NEEDS: _____

AGE: _____ WOULD LIKE: _____

GENDER: (Circle One)

MALE FEMALE

SHOE SIZE: _____ CLOTHING SIZE: _____

FAVORITE COLOR: _____

Please help us better serve your requests! Release of Information: As Legal Guardian of all gift recipients herein, I grant permission for release of only non-descript information that does not identify any person by name, photograph or contact information. I also consent and agree that Farmington Elks Lodge B.P.O.E #2430 may use the de-identified information in media for the purpose of improving program development. I also understand there will be no financial compensation for the use of this information, now or later. I release and hold harmless Farmington Elks Lodge B.P.O.E #2430 for any expense or liability incurred as a result of my participation in this release. I represent that I am at least 18 years of age, have read and understand the above statement, and am competent to complete this agreement.

Signature _____ Date _____ Printed Name _____

If granting guardian approval for a minor child or other individual under my custodial care, on behalf of that individual, I agree to these same terms as stated above.

Guardian Signature (If for minor child, legal ward, or charge listed aseptent): _____ Date _____

Guardian Printed Name _____

Legal Address _____

Mailing Address _____

Telephone _____ Cell phone _____ Email _____

Witness Signature: _____ Date _____