



ANONYMOUS SANTA PROGRAM

Assisting Families Throughout the Chisago County & Forest Lake Area

HOLIDAY GIFT APPLICATION

We offer help to families who can't afford to purchase toys & gifts for their children during the holiday season.

Please fill out form completely with full names of both parents
(or guardian) and the names of all children.

All information on this form will be kept confidential.

A confirmation letter will be mailed to you the first part of December.

URGENT! Please read that confirmation letter carefully when it arrives!

- **IMPORTANT!** These are the ONLY dates and times that toys will be distributed.
- You MUST pick up toys on the dates assigned if you wish to participate in this program.
- You must produce proof of residence in the area at the time of distribution.
- Please contact a volunteer at 612-406-1311 if you have questions.
- You may choose gifts for children of Whom You Are The Parent Or Legal Guardian Only!

We do not provide gifts/toys for grandchildren or
any children over the age of 18 who are not enrolled in high school.

This is a private program, offered through donations from your community, businesses, private individuals, civic organizations, churches, fund raising projects and toy drives. Everyone has volunteered and donated their time, talents and gifts!

PLEASE read this carefully!

ALL of the information must be completed for the application to be processed.

If **ALL** the information is not provided the application may be delayed!

A volunteer may attempt to reach you by phone.

PLEASE - phone numbers listed must be current and active.

Anonymous Santa is not responsible if the information provided is not accurate,
or if a volunteer is unable to reach you.

LOCATION: MAIN STREET CHURCH, 6500 MAIN STREET, NORTH BRANCH, MN

Please contact the numbers on this form **ONLY** if you have questions.

NOTE! THIS FORM MUST BE RECEIVED BY DECEMBER 5TH, 2014.

**PLEASE SEND FORM TO: ANONYMOUS SANTA, P.O. BOX 901, NORTH BRANCH, MN 55056
OR FAX COMPLETED 1 PAGE APPLICATION TO 651-344-0716**

WE RESERVE THE RIGHT TO REFUSE ANY APPLICATION.

www.AnonymousSanta.net

The following questions MUST be answered BEFORE your application can be considered.

I can afford to purchase gifts and/or toys for my children this Holiday Season Yes No

I will receive help from another organization Yes No

Name of Organization: _____

Mark dates & times with numbers from 1 to 3 for most convenient times to pick up toys/gifts.

(Example: 3 Dec. 15, 1 – 2 p.m. 2 Dec. 15, 4 – 5 p.m. 1 Dec. 16, 9:30 – 10:30 a.m.)

Toys are split evenly between all shopping sessions.

<input type="checkbox"/> Thursday, Dec 18 th , 2014	<input type="checkbox"/> 2:30 - 3:30 pm	<input type="checkbox"/> Friday, Dec 19 th , 2014	<input type="checkbox"/> 2:30 - 3:30 pm
<input type="checkbox"/> 10:00 - 11:00 am	<input type="checkbox"/> 4:00 - 5:00 pm	<input type="checkbox"/> 10:00 - 11:00 am	<input type="checkbox"/> 4:00 - 5:00 pm
<input type="checkbox"/> 11:30 - 12:30 pm	<input type="checkbox"/> 5:30 - 6:30 pm	<input type="checkbox"/> 11:30 - 12:30 pm	<input type="checkbox"/> 5:30 - 6:30 pm
<input type="checkbox"/> 1:00 - 2:00 pm	<input type="checkbox"/> 7:00 - 8:30 pm	<input type="checkbox"/> 1:00 - 2:00 pm	<input type="checkbox"/> 7:00 - 8:30 pm

Full Name of FATHER or Guardian: _____

Street Address: _____

City, State, Zip Code: _____ County Of Residence: _____

Telephone #: (H) _____ (W) _____

(OR), Name, Phone # Where We Can Leave a Message:

Name: _____ Phone: _____

Full Name of MOTHER or Guardian: _____

Street Address: _____

City, State, Zip Code: _____ County Of Residence: _____

Telephone #: (H) _____ (W) _____

(OR), Name, Phone # Where We Can Leave a Message:

Name: _____ Phone: _____

Gift Certificate(s) Should Be Mailed To: (Circle One) Mother Father

School Dist. Children Attend: _____ Total Family Members: _____

Dependents: Name, gender, age.

1.) _____	Boy/Girl: _____	Age: _____
Interests: _____	Other: _____	
2.) _____	Boy/Girl: _____	Age: _____
Interests: _____	Other: _____	
3.) _____	Boy/Girl: _____	Age: _____
Interests: _____	Other: _____	
4.) _____	Boy/Girl: _____	Age: _____
Interests: _____	Other: _____	
5.) _____	Boy/Girl: _____	Age: _____
Interests: _____	Other: _____	

I certify that I am the legal guardian of the above children and that all statements that I have made to Anonymous Santa are true and correct.

 SIGNATURE: _____ DATE: _____

FAX THIS SIDE ONLY 651-344-0716 (Call back # _____ to verify receipt of fax)