

## Santa's Anonymous Application 2024



Date:
Application #:
Number of Children: (Internal Use Only)

Lacombe & District FCSS & the Lacombe Kinsmen operate a Santa's Anonymous program thought the City & County of Lacombe (including Bentley, Alix, Clive, Tees and Rural areas)

<u>Toys are available for children 16 years of age and under</u>

<u>Deadline is December 15, 2024</u>

Parent Name: (First)	(Last)
Address	City
Postal Code	Cell/Phone
Email	Preferred Method of Contact: (please circle) Text/Phone call/Email
I WILL P	PICK UP MY PACKAGES AT:
<u>471</u>	<u>18 49 B Ave, Lacombe</u>
PLEASE	E CIRCLE CHOICE:
<b>December 16 - 10</b>	0:00-12:00 AM or 2:00-7:00PM
December 18 - 10	0:00-12:00 AM or 2:00-7:00PM
<b>December 19 - 10</b>	0:00-12:00 AM or 2:00-7:00PM
December 19 - D	eliver after 6:00 PM
December 20 - De	eliver after 6:00 PM
Certification: Initial in box.	-
I/We understand that any fa	alse information will result in expulsion from this program.
I/We have not applied for C	hristmas Gift assistance from any other organization.
I/We understand that no gif	ts will be wrapped
I/We understand Santa's An	nonymous Program will try their very best to find suitable
items for your children that	have been donated from generous community members.
Signature of Applicant:	Date:

Child Name:	Gender:	Age:	Clothing Size:	Shoe Size:	
avorite color/Book:		Needs or Wants:			
Γhings I like(sports/arts/toy	/s):				
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Child Name:	Gender:	Age:	Clothing Size:	Shoe Size:	
		Needs or	Wants:		
Things I like(sports/arts/to	/s):				
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Child Name:	Gender:	Age:	Clothing Size:	Shoe Size:	
Favorite color/Book:		Needs or	Wants:		
Things I like(sports/arts/toy	/s):				
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Favorite color/Book:		Needs or	Wants:		
Things I like(sports/arts/to	ys):				
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Favorite color/Book:		Needs or	Wants:		
Things I like(sports/arts/to	/s):				
Child Name:	Gender:	**.•***.•• Age:	<b>※°.º**°.**</b> °.• Clothing Size:	*** . * *** . * *** Shoe Size:	
Favorite color/Book:		Needs or	Wants:		
Things I like(sports/arts/to					