



Christmas Sponsorship Application

Registration Date: _____

Applicant Information

Name: _____ Date of Birth: _____
First Name Last Name

Address: _____
Number & Street

_____ City/town _____ Postal Code

Phone : _____ Email : _____

Children's Information

Name	Health Card #	Gender	Date Of Birth	Shoe Size	Clothing Size

Number of Children: _____ Number of Adults: _____ Total Family Size: _____

Wish List for the Family

Name	Christmas wish list

Please read and Sign the following:
 I agree to have my name and the information included in this application, to be submitted for informational purposes for this food bank and the shared Christmas registry, maintained by Feed Nova Scotia. I understand that this information will be held in the strictest confidence, and will not be released by this agency or the shared Christmas registry to any outside parties.

_____ Signature _____ Date

For Office Use

Approved: Yes or NO

Delivery Date:

Sponsor's Information:

Name: _____

Company: _____

Telephone # _____

Email: _____

Will supply turkey Yes or No