



Parker Street food & furniture bank

2415 Maynard Street | P.O. Box 9227 | Halifax NS | B3K 5M8 | Tel: (902) 425-2125 | Fax: (902) 453-5673 | www.parkerstreet.org

Christmas Hamper Application

Registration Date: _____

Pick Up Delivery

Turkey Vegetarian Halal

Applicant Information

Name: _____ Date Of Birth: _____
First Name Last Name

Address: _____
Number & Street

City/town Postal Code

Phone: _____ Email : _____

Family Information

Name	Health Card #	Gender	Date Of Birth

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

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