

## 2019 Family Holiday Assistance Registration Form

*(please print and **return by October 15<sup>th</sup>** to SCCS/Generous Hands at 606 Spruce St, Vicksburg)*

Name of Head of Household \_\_\_\_\_ Best Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Apt/Lot Number \_\_\_\_\_ PO Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip \_\_\_\_\_

*Please list **all** persons living in your household. (Only children 0-17 living in families eligible for free and reduced lunches will be connected with a gifting sponsor.)*

Full Name	Age	Gender

### Food/Household Item Pickup:

Choose a Celebration to pick up your Food Certificate (Certificate Pick Up and all Parties Take Place at Vicksburg United Methodist Church, 217 S Main St in Vicksburg)

Choice	Date	Time	Est # Kids	Est # Adults
Gingerbread House Party	12/6/19	4:30-6:30 pm		
Pancakes with Santa	12/7/19	Serving @ 9:30 am		
Pancakes with Santa	12/7/19	Serving @ 10 am		
Pancakes with Santa	12/7/19	Serving @ 10:30 am		
Pancakes with Santa	12/7/19	Serving @ 11 am		

OR

No Party; Please mail my food certificate the Monday after the parties

***Continued on reverse of page***

**Gifts Ideas for Family:**

Name	\$30 Gift Ideas (please be specific!)	Clothing Size

**Family Notes:**

**Questions? Call 649-2901**

\_\_\_\_\_ I authorize release of information about my situation to participating individuals and organizations who participate with SCCS to help with holiday assistance for my family (gifting)

**For Food/Household Items Box:**

Household size (all members should be listed above): \_\_\_\_\_

*Persons with dietary concerns are invited to contact SCCS for further information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_