

Please return
by November 15th

For Child
ages 16 and
under

PUTNAM COUNTY MINISTERIAL ALLIANCE
PROJECT SANTA CLAUS
CONSENT TO PARTICIPATE

I (we), the undersigned, agree to allow Ministerial Alliance to release our name and related information specific to our household to various service groups, organizations or individuals so that our household may benefit from a variety of holiday donations. I (we) understand that there is no guarantee that our household will be selected by any of these groups.

Head of Household: _____

First Name: Age: Sex: Pants Size: Shirt Size: Shoe Size:

Needs or Wants

(Example: Pajamas, socks, gloves, blankets, toys, books, games, underwear, etc.)

First Names:

Signature of Head of House: _____

Address: _____

Phone: _____

Project Coordinator: _____

Date: _____