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| --- |
| **NOMINEE FAMILY INFORMATION** |
| Parent/Guardian Name: |       |
| Street Address: |       | Apartment #: |       |
| Mailing Address: |       |
| Home/Cell Phone: |       | Alternate Phone: |       |
| Are you nominating yourself or others? | [ ]  SELF | [ ]  OTHERS |  |

The information on this sheet will be kept strictly confidential and only used for the Seward Angel Tree Program.

**Please note:** we *must* obtain approval from the parent/guardian to guarantee gift delivery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Angel** | **Age** | **Sex** | **Wish List, Special Needs** | **Clothing & Shoe Sizes** |
| **A)**  |  |  |  |  |
| **B)** |  |  |  |  |
| **C)** |  |  |  |  |
| **D)** |  |  |  |  |
| **E)** |  |  |  |  |
| **F)** |  |  |  |  |
| **G)** |  |  |  |  |

***Return this form by Monday, November 9, 2019***

|  |  |  |  |
| --- | --- | --- | --- |
| ***RETURN FORM TO:*** | Seward Fire Department316 Fourth AvenueSeward, AK 99664 orFax: 224-8633 | ***GIFT WRAPPING PARTY:******(At Seward Fire)*** | Saturday, December 14 @ 12:00 pm |
| ***DELIVERY DATE:******(Inside City Limits)*** | Wednesday, December 18After 6:00 pm |
| ***GIFT DELIVERY DATE:******(Outside City Limits)*** | Thursday, December 19After 6:00 pm |

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| **FOR SVFD USE ONLY** |
| **Family #:** |  | **Willing to participate?** [ ]  Yes [ ]  No | **Home delivery?** [ ]  Yes [ ]  No |
| **Food?** [ ]  Yes [ ]  No | **Adpoted?** [ ]  Yes [ ]  No | **Adopted By:** |  |
| **Directions to delivery address:**  |
| **Notes:**   |
| **Name of Caller:**  |