|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Department  316 Fourth Avenue  Seward, AK 99664  or  Fax: 224-8633 | ***GIFT WRAPPING PARTY:***  ***(At Seward Fire)*** | Saturday, December 14 @ 12:00 pm |
| ***DELIVERY DATE:***  ***(Inside City Limits)*** | Wednesday, December 18  After 6:00 pm |
| ***GIFT DELIVERY DATE:***  ***(Outside City Limits)*** | Thursday, December 19  After 6:00 pm |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |