

CHICHESTER POLICE ASSOCIATION

SECRET SANTA APPLICATION (ONE FORM EACH CHILD)

NAME: _____ **M/F** **AGE** _____

ADDRESS: _____

MOM/DAD TELEPHONE: _____

**PLEASE TELL US WHAT YOUR CHILD NEEDS ARE FIRST,
AND THEN SOMETHING THEY WOULD REALLY LIKE. WE DO
NOT DO ANY ELECTRONIC GAMES OR ITEMS.**

CLOTHING SHIRTS SIZE _____ **PANTS SIZE** _____

PLEASE STATE CHILD, YOUTH, MENS, TEEN, MENS W/SIZES

SHOE SIZE: _____ **WIDTH** _____ **BOOTS** _____

JACKETS: _____ **MITTENS/GLOVES** _____ **HATS** _____

CHILDS LIKES: _____

ARE THERE ANIMALS IN HOME _____

WHAT ARE SOME OF THE NEEDS FOR THE FAMILY _____

OTHER SIBLINGS IN SAME FAMILY _____

REASON FOR APPLYING: _____

**HAVE YOU APPLIED FOR HELP WITH GIFTS THRU ANY
OTHER ORGANIZATION? YES/NO**

IF SO WITH WHOM? _____

*******YOU MUST BE A CHICHESTER RESIDENT*******