

**PRINT ONLY!!! Denied if we cannot read it!**



Date \_\_\_\_\_  
Partner Organization \_\_\_\_\_

Name of Adult \_\_\_\_\_  
Identification # \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

ID Type \_\_\_\_\_  
Email \_\_\_\_\_  
*(if applicable)*

Total Number of Children \_\_\_\_\_

Child's Name (or #) (Place an 'X' next to age)	Girls			Boys		
	0-3	4-7	8-12	0-3	4-7	8-12

Our mission is to make sure every less fortunate child receives a toy.  
By signing below you agree to NOT apply with another Toys for Tots Organization.

Adult Signature \_\_\_\_\_