

# ALEXANDER GALT CHRISTMAS BASKET CAMPAIGN

## Application Form



**Please complete the following application form and return it to your child's school office by December 10, 2019.**

Parent's last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Number of adults in the home: \_\_\_\_\_  
First name of children attending Galt: \_\_\_\_\_ Age: \_\_\_\_\_

Name of children attending Elementary schools:  
\_\_\_\_\_  
(Name of elementary School) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you have requested assistance from another organization such as a local church, local Food bank, CLSC, Panier de l'Espoir or service club: YES  NO   
If yes, please indicate the name of the organization: \_\_\_\_\_

The name of someone who knows your circumstances will help us decide whether we can help you. On the line below, please obtain the signature of someone directly involved with your children through either the school or church, i.e.: teacher, principal or clergyman.

Name: \_\_\_\_\_  
Teacher  Principal  Clergyman   
Other (not a family member)  : \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Any abuse or misuse of food voucher assistance can result in restriction or denial of future service use. We work closely with other organizations in/outside the county to cross-check family's names to ensure there are no duplications of services.

**PLEASE NOTE THAT:**  
**-Basket pick-up will be at the Lennoxville Provigo.**  
**-Pick-up dates and times will be communicated to you by phone.**

1700 rue Collège—CP/BOX 5002, Sherbrooke, QC J1M 1Z9

**THANK YOU!**