



IFCS Holiday 2018 Registration Form

IFCS STAFF USE:	Fam# _____	P# _____
IA: _____	DE: _____	QC: _____ IFCS DB: _____
File Name: _____		

The Holiday program provides your family with a Thanksgiving basket. Individuals from congregations and other organizations will sponsor your family. If you are interested in participating in the program, please fill out the form below. Please print all information. **Signing up for the program does not guarantee that your family will be sponsored.**

THANKSGIVING ONLY

Contact Information

Name (Please print):	First Name: _____	Last Name: _____
Street Address:	Circle one: St. Ave. Pkwy. Blvd. CT. Pl. Rd. Cir. Dr. Way. Ln. Hwy.	
Phone:	Apt #: _____	City: _____ Zip: _____
	Cell/Home: _____	Work: _____ Email: _____
	Alternative Contact Name: _____	Alternate Contact Number: _____

Staff Use Only (QC)										
	IFCS USE ONLY									
	NOTES									

- Signing up for the program does not guarantee that your family will be sponsored.
- I understand that failure to pick up Holiday items could prohibit me from future participation in IFCS Holiday programs.
- I give permission to IFCS to provide above information to appropriate school officials for the expressed purpose of executing the Holiday program.
- I give IFCS permission to take and post photographs and videos, upon guardian's verbal consent, to use in IFCS materials and publications.
- I understand that I will only be receiving a Thanksgiving basket. I will not be receiving any food or gifts for Christmas.

Signature _____

Date _____