APPLICATION FOR SANTA CLAUS FUND BOX

Applicant’s Surname (Last name):

Applicant’s First name:

Spouse’s First Name:

Street Number:

Street Name:

Apr. Number: Buzzer Code:

City: Postal Code:

Telephone # (Home): (Cell):

(Bus.):

List children age **12** and under only. Use “**Baby**” for children under one year of age. **PLEASE PRINT CLEARLY**!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s First Name | Age | Child’s First Name | Age | Child’s First Name | Age |
| #1.  |  | #3 |  | #5 |  |
| #2 |  | #4 |  | #6 |  |

Agency Name: ***Vietnamese Community Centre of Mississauga***

Date of Application: 2022-10-11

Worker’s Name: ***Ann To***

 Agency Telephone # & Ext.: ***905-891-5116***