SOUTHERN CALIFORNIA INDIAN CENTER, INC.

CHILDREN'S CHRISTMAS GIFT DISTRIBUTION REQUEST FORM

PARENT/GUARDIAN INFORMATION

NAME: TRIBE(S):

ADDRESS:

CITY: ZIP CODE:

PHONE NUMBER: EMAIL:

CHILD/CHILDREN INFORMATION

(Age limit: Newborn to 16 years; please note that we may not have teen gifts this year)

CHILD NAME	AGE	GENDER		CLOTHING SIZE
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	

Distribution Information

Please DO NOT sign until you receive bag!!

By signing below, I acknowledge that I have **received** children's gifts and related material from the Southern California Indian Center, Inc. Annual Gift Distribution. I understand that the items distributed are donated to SCIC, and SCIC is neither responsible nor liable for the items that my family receives.

_____ _____

Signature **Date**

Send original & yellow to Administration ***Pink form stays with office/program***

FOR SCIC USE ONLY

Toys for Tots _____ _____
Yes No

	Initials	**Date**
Request received	_____	_____
Request processed	_____	_____
Request distributed	_____	_____
CSBG Eligible	**Yes**	**No**

Comments: