

CHRISTMAS HAMPER APPLICATION

For the Viking/Beaver FCSS Area (Holden, Bruce, Viking, Kinsella (East Beaver County))

Family Name: _____
Phone #: _____
Address: _____

Self Referral Other If other, do they know of the referral Yes No

Number of family members: Adults Children

HAMPER:

Food Only Gifts Only Food & Gifts
Turkey Ham
Health Concerns: Diabetic Allergies (specify) _____

GIFTS: (For Hamper Recipients only)

<i>Family Member</i>	<i>Suggestions</i>
_____	_____
_____	_____
_____	_____
_____	_____

(TEAR ALONG DOTTED LINE AND GIVE BOTTOM PART TO APPLICANT)

PICKUP DATES & TIMES:

Viking: December 20, 2019 – VBFCSS Office, 4924 – 53rd Avenue, Viking

Holden: December 18, 2019 – Village of Holden, 4810 – 50 Street, Back Door

Deadline to submit hamper forms is December 9, 2019.

CLOTHING NEEDED:

<i>Item Needed</i>	<i>Size</i>	<i>Item Needed</i>	<i>Size</i>

Additional Comments:

Please fill out and return this form to:

Viking/Beaver FCSS
4924 – 53 Avenue
Box 688
Viking, AB T0B 4N0
Phone#: (780) 336-4024
Fax#: (780) 336-4725
Email: DChrystian@vbcfcss.ca
or VikingProgram@vbcfcss.ca

OR

Viking/Beaver FCSS Holden Office
4810 – 50 Street
Box 266
Holden, AB T0B 2C0
Phone#: (780) 688-3928
Fax#: (780) 688-2091
Email: HoldenProgram@vbcfcss.ca or
email the Viking contacts.