

Thanksgiving Box Nomination Application

Deadline: November 4th

Nominations are limited to Princeton and immediate surrounding Communities and availability of funds.

Info of person being nominated:

This info is needed to help determine box size and for delivery of boxes.

Date: _____

Name: _____ Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Please list all adults and children living in your household not listed above: (use back of paper for more entries)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

I understand that by signing or accepting this nomination I release and/or by accepting the Thanksgiving Box, I voluntarily surrender any legal responsibility to New Life Church.

Signature

Date

Info of person who nominated the above family:

I, _____ am nominating the above family for the Thanksgiving Box Distribution.

I would like to remain anonymous to the family I am nominating.

Home Phone: _____

Cell Phone: _____

Signature

Date

OVER 

Please give a brief description as to why you are nominating yourself or the above family. _____

****Please note that you will receive a phone call to confirm your participation in this program, to inform you of drop off date and times and to confirm address.**

<u>Office Use</u>	
Called – Date _____	Voice Mail left <input type="checkbox"/>
Info Verified- Address <input type="checkbox"/>	Family Size <input type="checkbox"/>
Family Accepted- Yes <input type="checkbox"/>	No <input type="checkbox"/>