



Family & Community Support Services
Box 1799 Cold lake AB, T9M 1P1
Ph.780.594.7183 ext.233 or 239
Fax 780.594.3577

Children's Christmas Gift Application

Parent/Guardian Name: _____

Address/House #: _____

Phone No.: _____

Please list all your children under the age of 17

Last Name	First Name	Treaty No.	Age	M	F
				<input type="radio"/>	<input type="radio"/>
1.				<input type="radio"/>	<input type="radio"/>
2.				<input type="radio"/>	<input type="radio"/>
3.				<input type="radio"/>	<input type="radio"/>
4.				<input type="radio"/>	<input type="radio"/>
5.				<input type="radio"/>	<input type="radio"/>
6.				<input type="radio"/>	<input type="radio"/>
7.				<input type="radio"/>	<input type="radio"/>

Applications will be accepted until **December 8th 2018(Deadline)**

Please note: All gifts must be picked up by Dec 19th @ the CLFN Community Christmas
Dinner/ Edmonton Families will be Dec 16th @ their Christmas Function

PLEASE FAX TO 780-594-3577

Or EMAIL TO Pamela.Scanie@clfn.com