

# Family Services of the North Shore Christmas Bureau

## SPONSOR A FAMILY REQUEST FORM

**PLEASE COMPLETE TOP PORTION ONLY**

Once you are matched with a family, the **FAMILY PROFILE** portion will be sent back to you.  
Please contact our office at 604.984.9627 or email [christmas@familyservices.bc.ca](mailto:christmas@familyservices.bc.ca) with any questions.

**CONTACT PERSON** Mr. Mrs. Ms. Dr. (Circle One)

\_\_\_\_\_ Date DD/MM/YYYY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Local: \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Local: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

<b>INDICATE SIZE OF FAMILY (IES) YOU WISH TO SPONSOR</b>	
_____ # OF FAMILIES	# OF FAMILY MEMBERS PER FAMILY _____

check here, if you would like to receive our e-newsletter or future information about the Christmas Bureau and other events.

See our website [www.familyservices.bc.ca](http://www.familyservices.bc.ca) for more information about our programs.

**FOR OFFICE USE ONLY**

**FAMILY PROFILE**

**DATE MATCHED** \_\_\_\_\_  
Day Month Year

**APPLICANT'S**

AGE	M	F	GIFT SUGGESTIONS & CLOTHING SIZES

**CHILDREN'S**

AGE	M	F	GIFT SUGGESTIONS & CLOTHING SIZES

**GROCERY GIFT CARD SUGGESTIONS:**

\_\_\_\_\_

**TOTAL VALUE OF GROCERY GIFT CARDS:** \_\_\_\_\_

**FAMILY REGISTRATION #**

12-
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