



2011 Seward Angel Tree Nomination Form



Seward Volunteer Fire Department
PH: (907) 224-3445 OR (907) 491-0089 FAX: (907) 224-8633
P.O. Box 832, Seward, AK 99664

NOMINEE FAMILY INFORMATION

Parent/
Guardian Name: _____

Street Address: _____ Apartment #: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Are you nominating yourself or others? SELF OTHERS

The above information will be kept strictly confidential and only used for the Seward Angel Tree Program.
Please note: we *must* obtain approval from the parent/guardian to guarantee gift delivery.

Name of "Angel"	Age	Sex	Wish List, Special Needs	Clothing & Shoe Sizes

RETURN THIS FORM TO: Seward Fire Department
316 4th Avenue
PO Box 832
Seward, AK 99664
Fax: 224-8633

GIFT WRAPPING PARTY: Saturday, December 10
(At Seward Fire Dept.) at 12:00 pm

GIFT DELIVERY DATE: Wednesday,
(Seward City Limits) December 14
After 6:00 pm

RETURN THIS FORM BY: Friday,
December 2, 2011

GIFT DELIVERY DATE: Thursday,
(Bear Creek Area) December 15
After 6:00 pm

FOR OFFICE USE ONLY					
Caller's Name:	Family #:	Delivery Area:	Date entered in list:		
Willing to participate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Verified names and # of children? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	Adpoted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Verified delivery address? <input type="checkbox"/> YES <input type="checkbox"/> NO	Directions to delivery address:				
Comments/Notes:					