

SAN DIEGO COALITION FOR THE HOMELESS
"HOLIDAY MAGIC FOR KIDS"
Saturday December 17, 2011

Make copies of
the blank
registration form
as necessary.

REGISTRATION INSTRUCTIONS

The annual winter holiday party for homeless and needy children will be held at **Golden Hall, Community Concourse, 202 C Street, San Diego**. Doors will open at 12:00 P.M. and Close at 3:00 P.M.

Children must register by Social Security Numbers.

Have parents/guardians sign their name, using any ink color but black. Copies of the registration forms must be **delivered, or faxed by the November 28, 2011 deadline** to:

San Diego Coalition for the Homeless
4101 University Avenue
San Diego CA 92105
Telephone: 619-281-1815
Fax: 619-447-1029

or William M Sturgeon, CPA
275 E Douglas Ave 105
El Cajon CA 92020
Telephone: 619-447-2452
Fax: 619-447-1029

The **ORIGINAL** registration forms must be turned in **BY THE PARENTS OR GUARDIANS AT THE HALL FOR ADMISSION AND TOYS**. Each child will receive a wristband that will entitle him/her to a new, wrapped gift. **Please be sure to tell parents/guardians the party is to be held at Golden Hall.**

THE CHILDREN MUST BE PRESENT TO RECEIVE THEIR GIFTS,
NO EXCEPTIONS

Entertainment will be on-going throughout the day. Please advise all parents that they are responsible for their children's behavior at the party.

Your interest and cooperation are appreciated very much.

Sincerely,



William M Sturgeon,
Chairman

KEEP THIS ORIGINAL
FOR ADMISSION AND
TOYS

SAN DIEGO COALITION FOR THE HOMELESS-ORG 189

Registration For "Holiday Magic for Kids"

Saturday, December 17, 2011

Door Open 12:00 P.M. -Doors Close at 3:00 P.M.

FAX COMPLETED
FORMS BY
NOVEMBER 28, 2011
DEADLINE
TO 619-447-1029

Golden Hall, 202 C Street, San Diego

Children 0-12 years Registered by Last 6 numbers of Social Security

THIS ORIGINAL REGISTRATION FORM NEEDED FOR ADMISSION. NO PHOTOCOPIES. CHILDREN MUST BE PRESENT TO RECEIVE GIFTS. GIFTS WILL BE AVAILABLE WHILE SUPPLIES LAST.

Parental Permission Form-(Form 11-02 Substitute)

I, the parent or caretaker listed below, wish my family to participate in the 2011 San Diego Toys for Tots Campaign. I give my permission to San Diego Coalition for the Homeless to give the following information to the Toys for Tots Campaign. The child/children listed are low income qualifying recipients.

Full Name of Parent or Caretaker _____ **Signature** _____
(Last, First, Middle Initial)

Address _____ **Phone #** _____

CHILDREN'S INFORMATION

Social Security # _____ **Circle**
First Name _____ **Last Name** _____ **Age** _____ **Boy/Girl**

First Name _____ **Last Name** _____ **Age** _____ **Boy/Girl**

First Name _____ **Last Name** _____ **Age** _____ **Boy/Girl**

First Name _____ **Last Name** _____ **Age** _____ **Boy/Girl**

First Name _____ **Last Name** _____ **Age** _____ **Boy/Girl**

Make copies of the **BLANK** registration form as necessary.