



Club of Port Orford

Giving Tree

Please **PRINT** clearly!

Office Use Only Family Code

NAME:
Street Address:
Phone or message number:

ATTENTION: You ***must be the legal guardian*** (parent, custodial parent, or guardian) to apply for Rotary Club of Port Orford Giving Tree. If you have more children, request a second sheet.
 Children must be **16 years or younger and live within the 2CJ School District** — home school or traditional.

CHILDS First Name:	circle BOY or GIRL	AGE:	GRADE:
Preferred Colors:			
My child would like:			

CHILDS First Name:	circle BOY or GIRL	AGE:	GRADE:
Preferred Colors:			
My child would like:			

CHILDS First Name:	circle BOY or GIRL	AGE:	GRADE:
Preferred Colors:			
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Preferred Colors:			
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CHILDS First Name:	circle BOY or GIRL	AGE:	GRADE:
Preferred Colors:			
My child would like:			

I agree that this information may be handled by select volunteer(s) who will handle this information with complete confidentiality for the Rotary Club of Port Orford Giving Tree Program, and that *I live in the 2CJ School District.*

Signature: _____ **Date:** _____