



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 15 years or younger and live within the 2CJ School District — home school or traditional.*

<b>CHILDS First Name:</b>	<b>circle BOY or GIRL</b>	<b>AGE:</b>	<b>GRADE:</b>
Clothes—Shirt Size:	Pant Size:	Shoe Size:	
Preferred Colors:			
My child would like:			

<b>CHILDS First Name:</b>	<b>circle BOY or GIRL</b>	<b>AGE:</b>	<b>GRADE:</b>
Clothes—Shirt Size:	Pant Size:	Shoe Size:	
Preferred Colors:			
My child would like:			

<b>CHILDS First Name:</b>	<b>circle BOY or GIRL</b>	<b>AGE:</b>	<b>GRADE:</b>
Clothes—Shirt Size:	Pant Size:	Shoe Size:	
Preferred Colors:			
My child would like:			

<b>CHILDS First Name:</b>	<b>circle BOY or GIRL</b>	<b>AGE:</b>	<b>GRADE:</b>
Clothes—Shirt Size:	Pant Size:	Shoe Size:	
Preferred Colors:			
My child would like:			

<b>CHILDS First Name:</b>	<b>circle: BOY or GIRL</b>	<b>AGE:</b>	<b>GRADE:</b>
Clothes—Shirt Size:	Pant Size:	Shoe Size:	
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:** \_\_\_\_\_