

PLEASE PRINT ALL INFORMATION CLEARLY & SIGN AND DATE THIS APPLICATION ON THE BACK



Marine Corp Toys for Tots Application

Year: _____ This application is for children ages 0-10 only/ Application # _____

PARENT INFORMATION

Parent: First Name: _____ Last Name: _____

Address: _____

EMAIL _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone #: _____ Cell: _____

Alternate contact name and number: Name: _____

Phone #: _____ Relationship: _____

Have you applied with any other agency for toys this year? _____ yes _____ no

How many children are you requesting toys for? _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____

Date of Birth: _____ Age: _____

PLEASE BE AWARE THAT THERE WILL ONLY BE TWO PICK-UP LOCATIONS. BE PREPARED TO PICK UP AT EITHER ONE ON THE TIME AND DATE THAT WILL BE ASSIGNED TO YOU.

**HERTFORD NORTHAMPTON SMART START
711 VANCE STREET
MURFREESBORO, NC 27855**

OR

**NORTHAMPTON MEMORIAL LIBRARY
207 W. JEFFERSON ST
JACKSON, NC 27845**

**I certify that the information provided is true and correct to the best of my knowledge.
I understand the pick-up policy.**

Parent Signature _____ Date: _____