



You do not have to be registered with the King Township Food Bank to receive Christmas in King, but distribution is at the Food Bank Centres, unless you need other arrangements. Your application should have the contact information of the person who has referred you to CiK: school principal, priest, minister or doctor as a reference. If none of these is available, please call the number below and we will make some confidential arrangements. Those registered with the Food Bank Centre do not need a reference.

Registration with CiK means you promise not to register with another Christmas program.

It is preferred that FB registrants fill out the form on site and give it to the Distributor.

Instructions

- Complete the attached form (2 pages). You will see we can offer one gift per adult and 2 for each child (16 and under) who normally live with you.
- Complete the bottom portion, and **save this page** to bring on Distribution Day
- On December 15th, **bring this page** to your pick up location, where you will be given your gifts and/or food items

**Please keep this page—Just submit next 2 pages.
DO NOT SUBMIT THIS PAGE—it is for your reference**

Summary of registration form:	
THIS IS FOR YOUR RECORDS ONLY	
Number of gifts for adults _____	Number of Adult Santa Boxes _____
Number of gifts for children _____	
Green wreath? _____	Food Hamper? _____
Fresh turkey certificate? _____	Frozen turkey? _____
PICK UP AT: _____ Saturday, December 15th, 2018, 9-11a.m.	

Please help us by returning the forms on or before October 15th

Any questions, comments or feedback on Christmas in King should be directed to the number below or ktfoodbank@gmail.com Please do not contact the Distributors of the Food Bank; they are simply volunteers helping CiK.

Thank you
Stephanie Greaves
Registrar, CiK Committee

Need help? Call 905-806-1125
CiK will be happy to answer your questions or help you complete the forms.



CHRISTMAS in KING 2018 REGISTRATION FORM



CiK promises that all families registered with us will have their requests filled this Christmas, provided that registration occurs by **October 15th**. **After that, we will do our best, but it may be gift cards instead of the gifts requested.**

Gifts, food hampers, wreaths and turkey or certificates will be ready for pickup **Saturday, December 15th, 9-11 am** at the Food Bank location you name below, unless alternate arrangements are made.

Please Print

Your Name: _____

King Township Food Bank Registration number: _____ This is a 2 digit number preceded by the location, as in KE, KC, NO (Kettleby, King City, Nobleton) Your Distributor uses it all the time for your privacy. You will be assigned a Christmas in King number, which is a 4 digit number to preserve privacy.

Registrants Phone Number: _____ email, if preferred for contact _____

(Contact information is required in case there are questions regarding your application. In order to protect your privacy, only the Registrar (Stephanie Greaves) or the Coordinator (Carol Ann) or your Distributor will call. You will be the only contact in your household.)

Total number in household: _____ Please note that all participants must **normally** reside at the same address; it should be the same number as registered with the Food Bank, if you are registered. **CiK cannot provide gifts to anyone outside your immediate household residents**

Where will you pick up: (Food Bank location, or town you reside in)

- Kettleby (includes Schomberg) King City Nobleton

You do not need to be registered with the Food Bank. Please tell us if you are: Yes No

If "No", please give us the name of the person who will be a reference for you, along with phone number.. (e.g. school principal, priest) We will call them.

Name: _____ Phone number: _____

Yes No

Do you wish a certificate for a fresh turkey for personal pickup at Round the Bend Farm Dec. 23/24
OR

Do you wish a frozen turkey.

Do you wish gifts? If yes, complete next page

Would you like a fresh green wreath? (about 20" in diameter)

Would you like a box of festive foods and treats? If yes:

Please list any family food restrictions _____

Number of cats _____ Number and size of dogs _____ Any other pets? _____

Please make note of anything else you would like us to be aware of in selecting foods and treats for your box.

RETURN FORM BY OCTOBER 15th for guaranteed registration, or as soon as possible:

Mail form to:

**Stephanie Greaves
Christmas in King
1555 King Road
King City ON L7B 1L4**

All information is confidential.
Shoppers DO NOT receive your name. CiK assigns a number to each family. Above information is only for CiK administrators.

CIK OFFERS 1 GIFT PER ADULT AND 2 FOR EACH CHILD**GIFT CARDS MAY BE FROM ANY BIG BOX STORE (no Malls or VISA,Mastercards)****IF NO STORE PREFERENCE IS LISTED, WALMART CARDS WILL BE PROVIDED.****Christmas in King cannot supply electronics and software.****Gifts are for all who normally reside in your household (see first page)****NEW for 2018: ADULTS ONLY: You may choose a Santa Box instead of a gift or gift card. The box will contain personal items such as you might receive in a moderately valued Christmas stocking****Please indicate your choice on the appropriate line below****Age Brackets: A: 17-30 B: 31-45 C: 46-60 D: over 60**

Please state the relationship of all others in the household to you, and show yourself as Person 1.

YOU (PERSON 1) Adult: Male / Female Age Bracket: A / B / C / D

Gift requested, (with specifics, if clothing), or Gift Card or Adult Santa Box: _____

PERSON 2: Adult Age Bracket: A / B / C / D Child (Age___) Male / Female Relationship to YOU: _____

Gift requested, (with specifics, if clothing), or Gift Card or Adult Santa Box: _____

For child, please name a second item, with size and colour if clothing: _____

PERSON 3: Adult Age Bracket: A / B / C / D Child (Age___) Male / Female Relationship to YOU: _____

Gift requested, (with specifics, if clothing), or Gift Card or Adult Santa Box: _____

For child, please name a second item, with size and colour if appropriate: _____

PERSON 4: Adult Age Bracket: A / B / C / D Child (Age___) Male / Female Relationship to YOU: _____

Gift requested, (with specifics, if clothing), or Gift Card or Adult Santa Box: _____

For child, please name a second item, with size and colour if appropriate: _____

PERSON 5: Adult Age Bracket: A / B / C / D Child (Age___) Male / Female Relationship to YOU: _____

Gift requested, (with specifics, if clothing), or Gift Card or Adult Santa Box: _____

For child, please name a second item, with size and colour if appropriate: _____

Please list additional people on back of this page.

Total number in household