

# Christmas Angel Tree Application

Please complete this form to request Christmas gifts for your children. Gift wishes help donors choose items; specific gifts are not guaranteed.

Parent or guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you: ☐ Phone call ☐ Text ☐ Email

## Child 1

First name: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Gift wishes or interests: \_\_\_\_\_

## Child 2

First name: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Gift wishes or interests: \_\_\_\_\_

## Child 3

First name: \_\_\_\_\_ Age: \_\_\_\_\_

Clothing size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Gift wishes or interests: \_\_\_\_\_

For additional children, attach another sheet with the same information.

I confirm that the information above is accurate and that I am the parent or guardian of the children listed. I agree to be contacted about this application and gift pickup. I understand that assistance depends on available donations.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed applications are due on Monday, November 16, 2026, by noon.**

Parents who need the form printed to sign can contact Katherine Gatewood at 850-925-6224 or email [kgatewood@cityofstmarks.com](mailto:kgatewood@cityofstmarks.com) and we will be happy to print it out.