

Loughborough Christmas and Emergency Relief Committee

**Request for Christmas Basket**

**CLIENT CONTACT INFORMATION**

Name:	
Address:	
Home Phone:	
Cell Phone:	
Email:	

**CLIENT REQUEST INFORMATION**

Request Date:	
Previous Request:	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Adults in the home (18 years and older)	#Male Adults _____ #Female Adults _____
# of Children in the home (new born to 17 years)	Male Children                      Female Children Age _____                      Age _____ Age _____                      Age _____ Age _____                      Age _____ Age _____                      Age _____
Pick-up at Grace Centre	Yes <input type="checkbox"/> No <input type="checkbox"/>
Delivery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Delivery address if different from home address:	

**CLIENT REQUESTS BOOKS**

Child #1	
Child #2	
Child #3	
Child #4	

**CLIENT REQUESTS TOYS**

Child #1	
Child #2	
Child #3	
Child #4	

**NOTES:**
