



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.

CHILDS First Name:	circle: BOY or GIRL	AGE:	GRADE:
Clothes: Preferred Colors:	Shirt Size:		Pant Size:
My Child would like:			

CHILDS First Name:	circle: BOY or GIRL	AGE:	GRADE:
Clothes: Preferred Colors:	Shirt Size:		Pant Size:
My Child would like:			

CHILDS First Name:	circle: BOY or GIRL	AGE:	GRADE:
Clothes: Preferred Colors:	Shirt Size:		Pant Size:
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CHILDS First Name:	circle: BOY or GIRL	AGE:	GRADE:
Clothes: Preferred Colors:	Shirt Size:		Pant Size:
My Child would like:			

CHILDS First Name:	circle: BOY or GIRL	AGE:	GRADE:
Clothes: Preferred Colors:	Shirt Size:		Pant Size:
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:** _____