



CHRISTMAS WITH A COP



CHRISTMAS ASSISTANCE PROGRAM APPLICATION/REGISTRATION FORM

Shopping date is scheduled for Saturday, December 1st, 2018
8:00 a.m. until 11:00 a.m. Registration is at 7:30 a.m.
Yukon Police Department—Administration Division (405)354-1551

Child's Name: _____ Circle: Male or Female
Parent/Guardian Name: _____
Home Address: _____
City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Child's School: _____
Child's Grade: _____ Child's Teacher: _____
Child's Age: _____
Has any child in the household participated in our program before? YES or NO (circle)
If Yes, please give the child's name and age: _____
of immediate family members in household: _____
Estimated Average Household Income: _____

Please list any special needs of the child (i.e. wheelchair, ADHD, medications, allergies, etc.):

Comments: _____

Please Mail or Drop This Form To:
Yukon Police Department
Attn: Susie Wright
100 S. Ranchwood Blvd.
Yukon, Oklahoma 73099

Deadline for Consideration is Friday, November 16th, 2018

I authorize the Yuko Police Department to use photos, and or other likenesses of my child or the child for whom I have legal guardianship for any promotional materials regarding "Christmas with a Cop". The Yukon Police Department reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Participant's Name (please print): _____

Parent/Guardian Signature: _____ Date: _____
(If participant is less than 18 years of age)