

Family # _____



LEDYARD YOUTH & SOCIAL SERVICES 2019 HOLIDAY FOOD BASKET REGISTRATION FORM

HOLIDAY FOOD BASKET REGISTRATION DEADLINE:

TUESDAY, DECEMBER 3, 2019

YOU MUST RETURN YOUR COMPLETED REGISTRATION FORM **BY THE DEADLINE** TO QUALIFY.

RETURN THIS FORM TO LEDYARD TOWN HALL, MAYOR'S OFFICE

Please note: If you have registered for the Adopt-a-Family Program, you may not register for a Holiday Food Basket.

Head of Household Name: _____
(Please print clearly) Last Name First Name

Address: _____ Ledyard / Gales Ferry (Circle One)
Street Number Street Name

Phone Number: _____
Home Cell Work

FAMILY SIZE: _____ (# in household)

****HOLIDAY FOOD BASKET PICK-UP DATE / TIME / LOCATION IS:**

THURSDAY, DECEMBER 19TH, 2019 FROM 1:00PM UNTIL 4:00PM ONLY

Baskets will not be held after 4:00pm

LEDYARD CONGREGATIONAL CHURCH - 722 COLONEL LEDYARD HIGHWAY

Please mark this date on your calendars! You will NOT receive a reminder from Social Services.

Please call the Mayor's Office at 860-464-3222 if you have any questions.

RELEASE OF CONFIDENTIALITY:

I/We understand and agree that the Thanksgiving Program is possible through community members time and donations. I/We, hereby release the Town of Ledyard, its' agents and volunteers from all liability regarding my participation in the Holiday Program.

Head of Household/Applicant's Signature

Date