

Family # _____



LEDYARD YOUTH & SOCIAL SERVICES 2019 THANKSGIVING BASKET REGISTRATION FORM

THANKSGIVING BASKET REGISTRATION DEADLINE:
THURSDAY, NOVEMBER 14TH, 2019
YOU MUST RETURN YOUR COMPLETED REGISTRATION FORM **BY THE**
DEADLINE TO QUALIFY.
RETURN THIS FORM TO LEDYARD TOWN HALL, MAYOR'S OFFICE BY

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)
of Adults # of Children

****THANKSGIVING BASKET PICK-UP DATE / TIME / LOCATION IS:**
MONDAY, NOVEMBER 25TH, 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 Thanksgiving Program.



Head of Household/Applicant's Signature _____

Date _____