

**MORDEN CHRISTMAS CHEER  
HAMPER APPLICATION 2019**

**IMPORTANT INFORMATION  
PLEASE READ & KEEP THIS SHEET**

1. You must provide a phone number that you may be contacted at. It may be your own, or if you do not have a phone, please include the number of a friend, family member or neighbor who can get in contact with you.
2. You will be contacted about your hamper to confirm the application has been approved and to verify your delivery.
3. Hampers will be available for delivery on Wednesday, December 18, 2019. You must be home to accept delivery; we cannot leave Hampers at an empty house.
4. If we cannot reach you by phone to confirm your application and delivery of a hamper, your request will be denied and cancelled.

**Delivery date:**

**December 18, 2019**

**If you have questions, please call**

**204-823-4444**

**MORDEN CHEER BOARD INC.**  
 BOX 2781  
 MORDEN, MB R6M 1C4  
 PH: 204-823-4444

**HAMPER APPLICATION DEADLINE-- DEC 10, 2019**  
**HAMPER DELIVERY DATE – DEC 18, 2019**  
 You will be contacted if your application for a hamper is approved.  
 If you do not respond to the contact by phone, your hamper will be canceled.

**NAME** \_\_\_\_\_

**ADDRESS: Apt.** \_\_\_\_\_ **House No.** \_\_\_\_\_ **Street** \_\_\_\_\_

**PHONE: (Day)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

\*\*\*If you do not have a phone, please provide a name and number of someone who can contact you:\*\*\*  
 NAME: \_\_\_\_\_ PH: \_\_\_\_\_

**Please list names of everyone living at this address:**

**ADULTS:** (F-female, M-male)

Name	F	M	Place of employment

**CHILDREN:**

Name	Age	F	M	School Attending ✓			
				Maple Leaf	Minne wasta	EMMS	Morden Collegiate

Do you have a pet? Dog \_\_\_\_\_ Cat \_\_\_\_\_

When would you like the hamper delivered: AM \_\_\_\_\_ PM \_\_\_\_\_

How long have you lived in the Morden area \_\_\_\_\_

Church or other Organization you are affiliated with \_\_\_\_\_

Other comments, requests, allergies etc \_\_\_\_\_

**REFERENCES: (CANNOT BE FAMILY MEMBERS)**

1. \_\_\_\_\_ Ph: \_\_\_\_\_

2. \_\_\_\_\_ Ph: \_\_\_\_\_

**OFFICE USE ONLY**

HAMPER # \_\_\_\_\_

APP. CONTACTED \_\_\_\_\_

REFERENCE CHK \_\_\_\_\_

HAMPER SIZE \_\_\_\_\_

DELIVERY CONF \_\_\_\_\_

AGENCY CFS / MH & S/ \_\_\_\_\_

AGENCY REP \_\_\_\_\_

*(Information in this form is solely for the purpose of preparation and delivery of Christmas Cheer hampers and is not made available to any other person or agency.)*